



SOURCES OF STRESS, PERCEIVED IMPACT, MANAGEMENT STYLES AMONGST INDIVIDUALS EXPERIENCING SENSE OF WELL-BEING

ABSTRACT

T H E S I S

SUBMITTED FOR THE AWARD OF THE DEGREE OF

Doctor of Philosophy

IN

PSYCHOLOGY

BY

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UNDER THE SUPERVISION OF

Prof. (Mrs.) Hamida Ahmad

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ALIGARH (INDIA)**

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Abstract

THEORY

The present study aims to identify major source of stress, perceived impact of the stress and coping strategies used by individuals with reference to their sense of well-being. Since sense of well-being is an important objective of human existence and stress appears to contradict achievement of this objective, the study was undertaken to enlarge understanding of the phenomena by taking into consideration dimensions like source of stress, its perceived impact and coping styles. The topic of our study is therefore "source of stress, perceived impact, management styles amongst individuals experiencing sense of well-being".

To serve this purpose some tools for investigation were needed. Sense of well-being was measured by Psychological Well-being Scale (PWBS) developed by Bhogle & Parkash (1995). In order to obtain information about the major sources of stress, perceived impact of stress and coping styles used by the subjects, an open ended questionnaire was developed. Life Experience Survey (LES) developed by Sarason, Johnson and Siegal (1978) was used to obtain positive, negative and total stressful experience scores of the subjects. To assess the individuals own reality world, Cantril's (1965) Self Anchering

Ladder Scale (SALS) was used for to evaluate perceived stress and perceived coping efficacy.

A sample of 127 subject participate in our study. Subjects were drawn through purposive sampling. Age range of subject was 20-40 years.

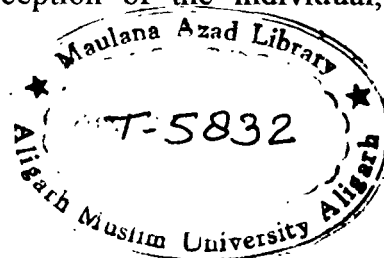
The total sample was divided into three groups on the basic of the well-being scores namely high well-being (N=44), moderate well-being (N=41) and low well-being (N=42 groups. Inter group comparisons were made on the various dimension under study 't' test and significance of difference between percentages were used for analysing the data.

Results reveal that there is no significant difference between any of the three well-being groups on their L.E.S. positive, negative and total scores. Bereavement followed by occupation is the major sources of stress in the whole sample. There is no statistically significant difference between H.W.B and L.W.B groups on sources of stress. Some significant difference were observed between M.W.B and other two groups. 'Occupational' stress is greater in H.W.B. as compared to M.W.B., and greater in L.W.B. as compared to M.W.B. group. On the impact of stress LW.B. shows a greater emphasis on 'becoming religious' and H.W.B. group show higher scores is 'opportunity for psychological growth' and ' no specific impact' compared to M.W.B. group. However M.W.B. group had 'become religious' and 'shows poor academic

performance' as compared to H.W.B. group. No significant difference has been observed in M.W.B. and L.W.B. groups regarding the impact of stress. On the coping strategies H.W.B. and L.W.B. groups do not differ. Some difference exists between M.W.B. and the other two groups. H.W.B. group make greater use of 'sublimation' and lesser use of 'helplessness' as compared to M.W.B. group. L.W.B. group show higher scores in the use of 'sublimation' and 'problem solving' and lower scores in 'spiritualism' as compared to M.W.B. group as their coping strategies.

The over all picture indicates that none of these variables, such as sources of stress, perceived impact of stress and coping style have any influence on the sense of well-being. However, self-evaluation of stress and coping efficacy made by the subjects provides a different picture. L.W.B. group evaluate their life very highly stressful where as H.W.B. group see their life very slightly stressful. No difference was observed in H.W.B. and M.W.B. and M.W.B. and L.W.B. groups in terms of their perceived evaluation of stress. H.W.B. group show significantly greater coping efficacy as compared to both L.W.B. and M.W.B. groups.

The results support a humanistic model of stress experience, pointing out towards meaning and perception of the individual, being of primary importance.





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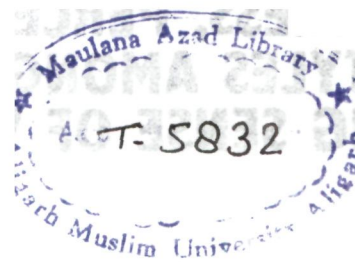
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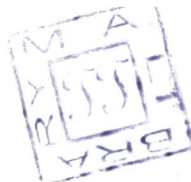
2002

THESIS

Fed in Computer



08 JUN 2005



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Dedicated
to my
beloved Parents



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PHONES : Off.-348 & 349 Internal

Dated.....

CERTIFICATE

This is to certify that **Mr. Shamim Ahmad Bhat** has carried out his research entitled, “**Sources of stress, perceived impact, management styles amongst individuals experiencing sense of well being**” under my supervision.

It is further certified that his work is an original piece of work and is fit for submission for the award of Ph.D. degree in Psychology.

A handwritten signature in black ink, appearing to read 'Hamida Ahmad'.

Professor (Mrs.) Hamida Ahmad

10.11.2002

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It is my pleasure to thank all those who remained by and large part of this research work.

*I feel my vocabulary fails to equip me with the suitable words to put on record my deep sense of gratitude to my esteemed teacher and supervisor **Prof. Mrs. Hamida Ahmad**, who in spite of being very busy in academic and other departmental activities, kept her good-self always available for me to examine the contents of this thesis. In fact she has been a beacon light for me I admit that it was not feasible for me to complete my research work without her keen involvement, expert knowledge and deep insight into the subject*

*I pay my great reverence to my teacher **Prof. Shamim Ahmad**, Chairman, Department of Psychology, A.M.U., Aligarh, for his special care, affection and encouragement and **Prof. Qamar Hasan** for his help in statistical analysis and valuable suggestions.*

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*All the teachers of the department were very cooperative and they helped me at various junctures I thank them all by the core of my heart I would like to acknowledge many research scholars and close friends like **Dawood Saleem** and **Syed Azeem** for their assistance during content analysis **Nisar Ahmad** and **Ms. Yasmeen Rasool** gave their precious time for data collection **Nazir Ahmad** helped in the proof reading of this thesis I register my thanks to them all*

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Introduction

From the very beginning, happiness and well-being have been important goals for mankind, sometimes they have been clearly stated objectives of life but most often they have been viewed as basic, unarguable needs, so universal as to be implicit in all our concerns and endeavours. It is interesting to note that in the past the desire to achieve a sense of well-being led to studies of phenomena which hindered rather than contributed to well-being. The fact that desire to avoid factors that harm or give pain is perceived to be a more fundamental concern which must be taken care of before factors contributing to well-being are given active cognizance is in consonance with the Maslowian hierarchy of needs. This attitude is also reflected in studies of stress, where we find that work on stress began with studies on negative impact of stress which were taken up in a phenomenally big way – work of positive aspects has come only recently. We would first like to survive and protect ourselves from harm; only then we will grow and achieve great heights.

Well-Being

For centuries, understanding of human miseries remained the focus of study and early psychological researches also reflected this perspective.

Literature review indicates that unhappiness, ill-being and other negative aspects of human behavior were explored in depth whereas happiness, well-being and other positive aspects of health were ignored. From 1967 through 1995, Psychological Abstracts, included 5119 articles mentioning anger, 38459 mentioning anxiety, and 49028 mentioning depression. For every 21 articles on these topics, only one dealt with positive emotions of joy (402), life satisfaction (2357), happiness (1710), Myers (1999).

Ultimately the exploration of negative emotions or psychopathology has led us to understand satisfaction, happiness or sense of well-being. A large number of researchers become interested in understanding of subjective well-being. Myers (1993) observed that, during 1980s annual research output on subjective well-being nearly quadrupled.

Different terms such as happiness, satisfaction, morale and positive affect etc. has been used in literature synonymously with well-being (Chekola, 1975; Culberson 1977; Jones, 1953; Tatarkiewicz, 1976; Wessman, 1957; and Wilson, 1960).

‘Well-Being’ has been defined by a number of scholars. Disener (1984) grouped these definitions into three categories. The first category defines well-being on the basis of external criteria such as virtue or holiness. These are normative definitions because a particular value framework is

considered as standard to judge the well-being and only the observer or society can judge a person as experiencing or not experiencing well-being. As per this approach, difference in different cultures should produce a varying standard for well-being.

The second category of definitions describes well-being as a person's subjective evaluation about what he considers desirable and good and involves how he evaluates himself on his own life standards. Here, well-being is considered to be a harmonious satisfaction of one's desires and goals.

The third category of definitions mention well-being as it is used in everyday life. Bradburn (1969) describe it as a preponderance of positive affect over negative affect. Current pleasant emotional experiences are thought to be important, or the person is predisposed to such emotions, whether or not he is experiencing them currently. In other words well-being is the amount of positive and negative affect experienced by an individual.

Verma, Mahajan and Verma (1989) defined well-being as subjective feelings of contentment, happiness, satisfaction with life experiences and one's role in the world or work, sense of achievement, utility, belongingness with no distress, dissatisfaction and worry.

Most of the scholars see well-being as a combination of the components like happiness, satisfaction, hope, optimism, proper perception of means and ends, faith in absolute truth, values, standards and potentiality for achievement. Well-being includes objective well-being, subjective well-being, quality of life satisfaction and happiness. Lu, l (1995) Veenhoven (1991) stated that the satisfaction of an individual, after his judgement of his overall quality of life indicates his well-being.

Well-being can be represented into two forms such as objective well-being and subjective well-being. Objective well-being deals with the feeling of the 'Well off' character that is, the satisfaction one attains after having comforts like good housing, stable financial status, employment etc. The subjective well-being on the other hand, is the ability to maintain balance between one's needs and the environmental demands. It is the congruence between the individual and group expectations and the perceived reality. Bradburn (1969), Campbell (1976), Warr (1978) and others have defined subjective well-being as people's feelings about their life activities. Such feelings fall on the continuum of negative mental states (anxiety, depression, unhappiness, dissatisfaction etc.) to the other end of positive out look to life (good health, satisfaction, happiness etc.), with the second end indicating well-being. Most of the time it has been deserved that an increase in the objective standards of living can enhance one's subjective well-being.

Well-being is much more than just an absence of disease. Jahoda (1958), and Berg (1975) suggested that health is not merely absence of illness, rather it is physical, social, mental and spiritual well-being, a state which has been identified as an attribute of positive mental health. This idea was further supported by W.H.O. (1987 CF) and Verma et al (1989). It is also the essence of the humanistic model.

Since well-being includes affective, cognitive and motivational aspects of life experiences with subjective feelings of satisfaction, there are various methodological issues in its measurement. We have several scales, self report inventories, projective tests, and some objective tests of personality like M.M.P.I. to assess the negative aspects of well-being, but to study the positive aspects of well-being like happiness, satisfaction etc., we are still lacking some sophisticated objective tests. Measures of sense of well-being have become increasingly important because medical sciences and health psychologists are giving emphasis on the prevention of ill-health rather than the curing of it. (Strack, Argyle and Schwarz, 1991).

Theories of Well-Being:

Psychologists have proposed many theories for the understanding of subjective well-being and happiness. A brief description of these theories is as under.

Telic or Endpoint Theories:

Telic or endpoint theories of sense of well-being or subjective well-being emphasize that happiness can be gained on reaching or attaining of a particular goal set by the subject. Wilson (1960) postulated that fulfillment of goals leads to satisfaction and happiness, whereas unfulfilled goals and needs may cause pain or unhappiness. Scitovsky (1976) stated that the way or process which the individual uses to reach his goals provides much greater happiness than the actual achievements of goal. Needs and goals seem to be central in this implicit model to understand the degree and correlates of subjective well-being.

According to the telic approach several things can interfere with subjective well-being of a person. First, there may be some goals which may have short-term happiness, but in the long run they may discourage the fulfillment of some other important goals. Second, at some time we may have more than one goal to achieve. This conflict between the achievement of goal can result in unhappiness. Third, sometimes individuals may not have goals to achieve and finally some others may lack the skills to achieve their goals.

The telic approach has been criticized because of its limited evidences from further researchers. Needs and goals are sometimes described in a circular way. So we do not set them in advance to attain happiness. There are no

clear cut measure to identify needs and goals related to happiness particularly among children in this approach.

Pleasure and Pain Theories:

Some explanations of well-being focus on the process of experiencing pleasure per se. Although pleasure is the outcome of fulfillment of goal and pain the outcome of its thwarting, which brings the theory close to telic or endpoint theories, the major difference is the emphasis given to the pleasure and pain experience, not the goals which have been achieved to identify needs and goals related to happiness particularly among children in this approach.

According to this approach pleasure (happiness) and pain (unhappiness) are connected with one another (Tatarkiewicz, (1976). We desire those objects or goals which we don't have, or in other words we are deprived of some particular goals, which is painful for us. It is a human tendency we use our all possible efforts to avoid pain and seek happiness. One assumption is that greater the deprivation, greater will be the joy after achieving the target. But human needs never come to an end. After achieving the one goal the happy people set up a bit higher goal. More important the goal is, greater will be the happiness after achieving it and failure in the same goal can result in just opposite. According to Tetarkiewicz (1976), if the sources of pleasure are multiplied so automatically are the sources of pain. The intensity of happiness

or affect one feels after the fulfillment or failure of a goal, depends upon the environment, commitment and efforts taken by the individual in order to achieve it.

Activity Theories:

In this approach happiness is considered as a by-product of human activity. Aristotle is thought to be one of the earliest proponents of this theory. According to him active participation or involvement which results in better performance may lead to happiness. Modern activity theorists include terms like social interaction, exercise and hobbies to broaden the concept of activity based happiness. According to this approach one should not concentrate on how to gain happiness rather he should get involved in the activity. The happiness will come as a by-product of activity unintendently. Empirical evidences show that hard concentration for the attainment of happiness may lead to self-defeating personality (Csikszentmihalyi & Figurski, 1982).

Csikszentmihalyi (1975) postulates flow theory of activity. According to this theory only those activities can produce happiness which can be performed within the skills, capabilities and capacity of the individual. Easy activities (tasks) will result in boredom and difficult activities can result in anxiety or unhappiness. So the activity should be well matched with the skills of the individual. Activity theorists consider behavior as the indicator of

happiness whereas endpoint theorists pay emphasis on the achievement of goals.

Top-Down Versus Bottom-Up Theories:

These two approaches have received considerable attention of the scholars interested in the exploration of the contents of sense of well-being. According to bottom-up approach, happiness is the sum total of all the pleasant moments a person has experienced. Happiness depends upon the judgement after some mental calculation of the life events. A person feels happy if he finds the number of pleasant moments greater than the unpleasant moments in his life. This is like “Lodean reductionistic or atomistic” approach of philosophy (Kozma & Stones, 1980).

A different view point has been presented by top-down theorists. According to this approach, if a person is or feels happy, he assesses all his surrounding happily. He counts even those things as happy moments which for the other persons are challenging. The individual’s happiness depends remotely on the external affairs of pleasures, rather it is his propensity (tendency) to react in a happy way. The personality features such as attitudes are considered influential in the sense of well-being Tatarkiewicz (1976) states that “the important thing is not what a person has, but how he reacts to what he has.

Supportive studies have been conducted by Andrews and Withey (1974) for the Top-Down approach.

It seems that both the approaches are applicable at different levels. Literature review indicates that reaction of an individual to any situation depends on how he perceives it. The previous subjective as well as collective experiences have developed a particular attitude pattern which influence his reaction to different events. That is what the Top-Down theorists postulate. Researchers have also observed that some particular events are joyful for most of the people. Here the nature of the stimulation itself predicts happiness irrespective of attitude of the different people. So these observations support the bottom-up theory. Top-down and bottom-up dichotomy should serve as a useful device for generating theoretical alternatives and as a heuristic for generating research ideas. (Diener, 1984).

Two questions arise from these approaches regarding the subjective well-being. One, that is, happiness a trait of personality or state of mind. Those who consider happiness as trait (Top-down theorists) state, it is not just only the happy feeling, but a propensity to react happily. Those who consider happiness as state of mind (bottom-up theorists) are of the view that it is the collection of happy moments (Chekola, 1975).

Second issue was that as the pleasant events were thought to be important for the happiness, (although, differently in both the approaches) they need indepth understanding to search out their roots in the happiness or sense of well-being (Lewinsohn & Amenson 1978; Lewinsohn & MacPhillamy, 1974) Lewinsohn and his colleagues observed that lack of pleasant events result in depression (bottom-up approach) Sweeney, Schaefer & Golin (1982) find that depression (as a personality factor or trait) never allows a person to feel happy even in the pleasant events (Top-down approach).

Associationistic Theories:

Several models based on the principles of conditioning, memory and cognition have been formulated to explain the tendency of human being to acquire happiness. One cognitive model based on the attributions (Schwanrz & Clore, 1983) suggests that good events bring most happiness if they are attributed to internal stable factors. However there may be some events which can lead to happiness, regardless of the attributions made, because of the positive subjective perception the individual has made about the event.

Bower (1981) observed that people will recall memories, that are affectively congruent with their current emotional state easily. Researches conducted on memory suggest that human beings develop stronger associations with their pleasant past memories than negative ones. Those persons with such

a rich network of past positive associations of memory are expected to react happily to their current events.

Zajonc (1980) states in his conditioning based approach, that affective reactions occur independently of and more rapidly than cognitive evaluation of stimuli. It has been observed that affective conditioning can be extremely resistant to extinction. Happy persons have a very positive affective association with a large number of frequent everyday stimuli.

In a different way Fordyce (1977) provide evidence that conscious attempts to reduce negative affect can increase happiness further more, Kammann (1982) found that even the regular reacting of positive statements can increase happiness.

Persons who have positive associations with the world or happy treatment, develop Pollyanna approach to life. (Matlin & Stang, 1978) Studies show a relationship between happiness, a cognitive bias toward positive associations, and high Pollyanna personality scores, (Dember & Penwell 1980; Matlin & Gawron, 1979).

These models suggest, that we react or are predisposed to happiness or unhappiness according to our memory, conditioning and cognitive associations of past and current events. However, it is a matter of fact that every new moment adds our experiences. So the every day life vents can either alter or

influence our positive or negative associations of the past events. Thus those who have predisposed to happiness yesterday may not be so tomorrow.

Judgement Theories:

Several theories suggest that people compare their life events with others to judge whether they are happy or unhappy. This comparison is made after making some standard of happiness in their society. If the standards are exceeded, happiness is experienced. For the attainment of satisfaction these comparisons are conscious, but for the affect they can be unconscious, Carp & Carp (1982), Emmons et al (1983) Michalas U. (1980) provide data for social comparison theory. They observed that if a person is better off than others, he will be satisfied or happy. People, even remote in time, with salient characteristics can be used as standards for comparison. (Dermer, Cohen, Jacobsen & Anderson, 1979). There are evidences that social comparison influences mental health. (Seidman and Rapkin, 1983) and can increase subjective well-being (Wills, 1981). The belief that others live in poor conditions in their society (Kearl, 1981-1982) or have less income (Easterlin, 1974) enhance one's life satisfaction. Emmons et al (1983) found that in most of the life events social comparison was the strongest predictor of satisfaction.

A laboratory based theory, "range-frequency" was proposed by Parducci (1968). According to this theory human beings (individuals) use their own

experiences as standards to judge the correct situation either happy or unhappy. In the skewed distribution of life events, comparison point is set approximately halfway between and the midpoint of the event happening to that person. Those events which fall above this point make the person happy. The goodness of events is not considered much important but the shape of the distribution of the event is thought to be very important. Those persons who have a negatively skewed distribution of event will be happy most of the time, where as contradictory view point is about the persons with positively showed distribution of life events.

Another theory of happiness based on the judgement approach suggests that aspirations may have a major role to make our life happy or unhappy. Happiness depends on the ratio of fulfilled desires to total desires (McGill, 1967; Wilson, 1960). Carp & Carp (1982) stated that happiness will depend on the discrepancy in a person's life between actual conditions and aspirations. It is observed that no person can be rich who's desire for money never comes to an end. Thus high aspirations which one cannot meet in his current life are as much a threat to happiness as are the bad events. However, Emmons et al., (1983), Gerrard, Reznikoff & Riklan (1982), Kammann (1982) and Wilson (1960) did not find a strong relationship between high aspirations and happiness.

Researchers raised several question regarding the judgement theories such as when comparison occurs? Or when adaptation takes place? Dermer et al., (1979) observed that comparison did not generalize to all areas. Furthermore, although negative standards for comparison may increase satisfaction but it can also lead to negative affect. Social comparison can help in satisfaction whereas ones own past experiences may influence affect. (Emmmons et al., 1983; Dermer et al., 1979).

Whatever explanation we may offer with regard to causes of well-being, one thing is certain, not only is well-being an important goal, it is important as an experience and process, being associated with positive health, physical as well as psychological.

It may also be noted that some individuals are able to attain a sense of well-being inspite of being confronted by stresses and hassles. How do these individuals cognize their stresses, react to their stresses, use their stresses is an important question because stress is unavoidable in our complex lives and well-being is inevitable for meaningful human existence.

If well-being is an important goal for the individual through which he experiences a positive quality of life, then understanding and coping with stress

automatically becomes central concern. It is an important variable and we have selected it for study.

Stress:

(The word 'stress' is familiar to both lay and professional. It forms a regular part of our modern day vocabulary. As such, its meaning is clouded by multiple usage and referents. Cofer and Appley (1964) note that the term stress has all but preempted a field previously shared by a number of other concepts, which include conflict, frustration, anxiety and so forth. When the word stress came into vogue each investigator who had been working with a concept he felt was closely related, substituted the word stress for it and continued in his line of investigation. In this way usage of this term has become more and more frequent in contexts that on fine analysis appear diverse.)

Weitz, (1966); Appley and Trumbull, (1967) observed that history of stress research offered a variety of definitions. In order to develop a conceptual framework, these definitions have been put under different categories.

(Some researchers take it as "response" of the organism to disturbing or noxious environment. Here stress is treated as a dependent variable for study. In another approach stress is studied as independent variable and is described as 'stimulus' characteristics of disturbing or noxious environment. The third approach considers stress as an organism-environment transaction and takes it

as an intervening variable between stimulus and response.) The brief discussion of these three categories will help us to understand the conceptual framework of stress.

Response-Based definition of stress:

(A specification of a particular response or patterns of responses are considered as evidence that the organism is or has been under stress. Hans Selye (1956) is of the view that stress is the non-specific (physiological) response of the body to any demand made upon it.) Selye has provided a physiological response based-picture of stress which further inspired several other scholars to develop physiological models of stress. Selye believes that specific response to different situations is different, e.g. heat produces sweating and cold produces shivering. However, the non-specific response of the body to any situation is always the same, regardless of the nature of the particular situation, only the degree of response may vary because of the intensity of the demand for readjustment.

(According to Selye the organism (under stress) shows some defence mechanisms. He calls this defence mechanism the General Adaptation Syndrome (GAS) the profound physiological changes in the endocrine and other organ systems which take place in three stages, namely (i) Alarm reaction, (ii) Resistance and (iii) Exhaustion.)

(Alarm reaction is probably a general call to arms of the body's defensive forces against suddenly exposed diverse stimuli to which it is not adapted. At the first instance there can be an immediate reaction to the stressor, and a shock may be experienced.) Soon after in a rebound reaction all the defensive forces of the body are motorized for the counter shock reaction.

(The resistance stage indicates the organisms full adaptation to the stressor and the consequent improvement or disappearance of the symptoms of the alarm reaction stage)

(The exhaustion stage takes place when the body's defensive system is unable to resist the prolonged stressor, which ultimately results in death.)

In a theoretical model Levi and Kagan (1971) emphasised that several psychological factors can and do cause physical disease. Life change produce stress of readjustment and adaptation which prepares the person for physical activity of coping. The prolonged response to the harmful stimuli results in structural and functional damage.

Response based definitions have been criticized because of their several shortcomings. Firstly; every particular response pattern such as of passion, exercise, surprise etc. can not be considered as stressful. Secondly, two different situations such as exercise and fear can produce the same physical responses (such as increase in blood pressure and heart rate) in an individual,

but he may not consider both the situations stressful. Thirdly, all the symptoms mentioned in the general adaptation syndrome do not always go together. Lacey (in Appley and Trumbull, 1967 pp.14-37) suggests that we ought not be overly optimistic about the interrelation of these specific psychological indices which have been included in this syndrome.

Some other response based definitions consider stress as performance degradation. But these types of definitions can not be generalized because researchers have observed that a situation can be stressful for one person but not for the other. Some challenging situations can lead to performance degradation whereas others may even enhance the performance, on some occasions. Moreover, all performance degradation does not arise from 'stress'. Sometimes performance is degraded for reasons of poor health, motivation and the like.

Stimulus Based Definition:

(In the stimulus based definition, stress is considered as an evoking stimulus with particular characters which produce strain within the individual. This approach of study would consider stress to be the input of a wide range of stressors including catastrophic events, (earthquakes) major life events (death of loved one) and chronic circumstances (crowding), etc. According to Sli

Charles Symonds, stress is that which happens to the man, not that which happens in him, it is a set of causes, not a set of symptoms.)

Although stimulus based definition have a special appeal because they seem to solve or avoid the weaknesses of ‘response based approach’ but they give rise to some other questions. For example, if stress is to be defined on the basis of stimulus based approach without reference to the individual who is undergoing the presumed stress, then even performance enhancement and achievement will be described as outcomes or effects of stress. Generally, some situation can be stressful for majority of the people, but as per this approach we have to specify which situation and which properties of these situations are responsible for producing stress in different people. This in turn will develop separate stress theories for different stress evoking stimuli.

A similar approach has been presented in the *Engineering Analogy* (transactional definitions) model. Stress is described as an external force which produces strain within the organism. Like the other substances, human beings have a ‘built in capability’ (elastic limits) to resist the external environmental forces. Upto a particular point or limit stress can be tolerated, but beyond this limit it can result in physiological and psychological damage. Hence, the stress-strain effect is a relationship between an entity and its environment. Welford (1973) in his performance demand model of stress, proposed that stress arises whenever there is a departure from optimum conditions of demand

which the person is unable or not easily able to correct. Margetts (1975) is of the view that living organisms adjust themselves to handle and maintain a reasonable input of stimuli. If the input of stimuli is excessive or insufficient for the individual organisms, the excess or insufficiency can be considered as stress.

There is a considerable difference in the use of the term stress in engineering analogy and social psychology. Engineers can calibrate the stressing force to have a clear understanding of the material object or situation under going stress. They qualify their measures of impact commensurable with the measures of effects of stress. This approach is solely objective and mathematical in nature. On the other land social psychologists cannot evaluate the environmental forces and subjectivity of the organism who is under going the stress with such objective indices.

Interaction Approach:

Interaction approach describes stress as 'lack of fit' between person and his environment. Stress is treated as intervening variable because it results from the relationship between the person and his environment at different levels. According to this approach, stress is not just a stimulus or response, but rather a process in which the person is an active agent who can influence the impact of a stressor through behavioral, cognitive and emotional strategies.

The continuous interaction with environment is called transaction. The specification of this approach is the instigation to 'fight or flight' and the perception of threat.

Although any change in the environment may not be perceived as threat or stressful, sometimes even the prolonged unchanged environment may give rise to stress. However the study of the extreme states of the environment and the individual has served as the starting point for the present paradigm of the stress research.

(It may be of great importance that man should be treated as an active adaptive, coping organism rather than as merely a passive or reactive organism. According to Appley and Trumbull (1967), "stress is probably best conceived as a state of the total organism under extenuating circumstances rather than as an event in the environment".) Sells (1963-1966) endorses this view and suggests that "state of the organism" is more appropriate than either external or internal loci. State of the organism includes his potential skills or capabilities for coping and his perception of threat. Researchers have observed that in the understanding of stress, the role of perception is great importance. Appley (1962) and Cofer & Appley (1964) emphasized the importance is of the organisms perception of threat to his well-being or integrity.

According to Lazarus (1966) individual perceptual and evaluative processes are critical in determining his stress response. He calls this perceptual process cognitive appraisal. Cognitive appraisal is a mental process by which people assess two factors. First, whether a demand threatens their well-being (primary appraisal) and second, the resources available for meeting the demand (primary appraisal).

At the primary appraisal stage people assess the implication of events as a positive, negative or normal. This assessment is made on the bases of first experiences, knowledge and beliefs of the individual. At the secondary appraisal individuals check and assess the coping resources to overcome the harm. If threat or challenge is higher than the coping resources and abilities, we experience stress, (Anderson, 1995; Florian, Mikulincer & Taubman, 1995; Solcova & Tomanek, 1994; Jerusalem, 1993).

(Lazarus states that, any environmental demand can produce stress only if the organism (experiencing it) anticipates or perceives that he will not be able to cope with it adequately. He is of the view, that stress does not exist in an imbalance between the objective demand and organisms response capability, but in an imbalance between perceived or subjective demand and perceived response capability. We are not threatened even by the difficult or challenging situation if we perceive them controllable within our resources.

But only an imaginary (real or unreal) situation or demand which the individual perceives out of his coping capabilities can produce stress.)

Lazarus (1966) proposed that appraisal of threat is not a simple perception of the elements of the situation, but a judgement, an inference in which the data are assembled into a constellation of ideas and expectations. According to Sells (1970) stress occurs only when the consequences of failures to meet the demand are important or, are perceived as important.

(Cohen and Lazarus (1983) and Lazarus and Folkman (1984), identify two factors responsible for appraising an event as stressful. These factors are related to the person and related to the situation. Personal factors include the organisms intellectual, motivational and other personality characteristics. For example persons with self-esteem may have sufficient resource to meet the demand, and may take the situation not as a threat but as a challenge. On the contrary people with irrational belief and lack of motivation have limited resources to meet a demand are likely to experience the situation more stressful. Any situation with very strong demand and which is imminent tends to be seen as stressful. For example, patients who are undergoing surgery tomorrow will experience more stress than those who are expecting a blood test next week.

(According to Bodeumann (1995), Lazarus and Folkman's model suggests, that stress is a very personal thing. Deep-sea driving would be highly stressful for some, but for other's it will be simply a recreational activity. Individual differences in the stress reaction are of great importance. McGrath (1970) paraphrased that, "one man's stress is another man's challenge".

Like other behaviors, stress can be best understood as interaction of individual and situation. The responses vary from situation to situation. We can only infer the existence of a certain pattern of received demands, and the only thing from which we can make this inference is the behavior, verbal and nonverbal, which a person performs in role.)

Major Sources of Stress:

Although there are a number of demanding situations which may have different meanings for different people, certain kinds of circumstances produce stress in every one. Weitz (1970) mentioned eight types of stress situations i.e. speeded information processing, environment extremes, perceived threat, disturbed physiological balance, isolation, confinement, blocking and frustration, and group pressure.

The sources of stress may change as people develop, but the condition of stress can occur at any time throughout life. Numerous researches have been focussed on potential sources of stressors or stress events. The family (Croog,

1970), work and organizational situation (Gross, 1970) and class-race-status (Dohrenwend & Dohrerwend, 1970) have been studied.

Researchers observed that major sources of stress arise within the person, in the family and in the community and society. Lazarus and Cohen, (1977) and Gatchel and Baum, (1983), here identified three main types, such as, cataclysmic events, personal stressors, and daily hassles, as potential sources of stress.

Cataclysmic events are the strong stressors that occur suddenly and affect a large number of people at the same time. They include disasters, earthquakes, floods etc. Although the sudden occurrence of these events produce stress but its intensity gradually decreases because it is shared with many other people.) Furthermore researchers observed that the social support provided by others to the affected people does not allow them to feel isolated at the period of crises, and as a result reduces the stress, (Cummings, 1987; Kaniasty and Norris, 1995; Winge & Ulvik, 1995; Granot, 1995; Bell, 1995).

On the other hand studies indicate that cataclysmic events can produce posttraumatic stress disorders in the affected population. (Lundin, 1995; Keane, Pickett, Jepson, & McCorkle, 1994). Wilson and Raphael, (1993); Freedy, & Hobfoll, (1995) describes posttraumatic stress disorder as the victims major incidents re-experience in flashbacks or dreams the original

stress producing event and associated feeling. Almost 60 percent Vietnam war veterans show symptoms of PTSD. (Hobfoll et al., 1991; Solomon, 1993; Everly and Lating, 1995).) Solomon (1994) observed that although U.S had a few casualties during the Gulf war, the perception of threat or challenge produce substantial stress in front-line troops.)

Personal Stressors: (A number of stressors are within the person. They include illness, conflicts, interpersonal relations, employment etc. Personal illness poses demand on the individual biological and psychological systems. Death of loved one has been considered as one of the major sources of stress all the times, Broken affairs and conflict in interpersonal relations also challenges the individuals adjustment. Unemployment, loss of job threatens the organisms financial stability. Personal sources of stress can also arise from the opposing motivational forces, when a state of conflict exists. We are being pulled and pushed in two directions, approach and avoidance. Lewin, (1935) identified three types of conflicts. (1) Approach/approach conflict, which arises when we are altercated toward two appealing goals, that are incompatible, (2) Avoidance conflict, which occurs when we are faced with a choice between two undesirable situations, (3) Approach/avoidance conflict, which arises when we see alternative and unattractive features in a single goal or situation.)

Daily Hassles: (Stress does not always come from major conflicts or disturbing events, but the small events to which we are exposed daily can also produce

stress. These minor events are called as daily hassles or background stressors. They include events like, misplacing of key, traffic jams, electricity failures etc which are potentially less irritants in nature. However Weinberger, Hiner & Tierney, (1987); Marco & Suls, (1993); Salo, (1995), observed that daily hassles can produce more stress than a single, initially more extreme event. Individuals may differ in the experiencing of stress, from the daily hassles because of their personal capacities and capabilities of adaptation and coping.

Coping:

(Although everyone in this world experience stress to lesser or greater degree but everyone is not affected by it in the same way. The same stress (e.g. failing an important examination) will be seen by two persons differently. For one it is his luck or disability, but for the other an opportunity to work hard, and to check his limitation. As it has been noted earlier that there are two factors involved in our assessment of a situation as stressful or unstressful, our perception and our coping capabilities.) Perception has been discussed in the previous pages, so here we will focus on the second aspect i.e. coping.

Health psychologists observe that coping behavior is one of the important determinants of the sense of well-being. The word coping has been used in divergent ways by various stress researchers. (The different definitions of coping reflect conceptual differences. Psychoanalytic approach has

described it as a subcategory of defence mechanism, whereas for others, defence is a form of coping. Lazarus et al., (1974) describe coping as specific to stress and as encompassing any problem solving or mastery effort, including both realistic forms and the most pathological processes. Rational and irrational efforts or realistic problem solving and primitive defences are considered as two sides of the same coin.)

Murphy et al., (1962) in the analysis of how the children meet some of the demands and crises in their lives, describes coping as efforts at mastery of any new situation or problem. (According to Lazarus (1996) coping is a process by which people try to minimize the perceived discrepancy between the demand and resources they appraise in a stressful situation.)

Emotional and physical strain which accompanies stress motivates people to do things which reduce its negative impact. This may include, confronting or escaping the problem and taking steps to prevent or minimize its recurrence. Fight or flight, solving the problem or mentally distancing oneself from it and repelling the challenge or avoiding it are the common steps or reactions to stressors used by the organism as coping behavior.

Coping Process:

Stressors activate our physiological (motoric) and psychological systems about the anticipated harm. Unless something is not done to protect

the systems a damaging state of affairs will occur. The person (experiencing the threat) may attempt to avoid the danger, attack the harmful agent, or engage himself in self-deceptive defensive activities. (According to Lazarus (1996) our coping is not motivated by anxiety (which results from the damage caused by the threat or stressor) rather the appraisal of threat itself has all the properties which motivates an individual for coping. This implies that the cognitions involved on the threat play the function of a drive which activates behavior instrumental in getting the individual out of danger. Lazarus (1996) states, “when the individual discovers some important motive or value is being threatened, coping activity is mobilized by virtue of this threat, by virtue of cognition that, my life, health, wealth, or cherished social relationships are in danger”.)

(The activity that intervenes between threat and the observed reaction (of threat) has been named as coping process. This intervening process helps us to explain the different coping strategies, threat and stress reactions, their influence on the individual as well as the influence of the personality factors on the coping process.) Theoretical and research works of Schroder and Hunt (1957) strongly endorse the importance of appraisal in determining the coping process.

(There are three factors on the basis of which we decide how to deal with the stressor and what type of coping strategy should be used. The factors are (i)

The location of an agent of harm, (ii) The viability of alternative action to prevent the harm and, (iii) Situational constraints concerning such actions.

1. **The location of an agent of harm:** If the threat is clear and specific we can use all possible coping efforts with some specification. But if we do not know about the kind, nature and degree of the threat, we feel anxious and can not use our coping resources properly. When the source of threat is ambiguous or vague the individual finds himself helpless; any clue regarding the threatening object or situation may enhance and facilitate the utilization of the coping resources. So the first step in the coping (process) is to identify or avoidance is formulated, other-wise the adverse effects can not be dismissed.
2. **The viability of alternative actions in preventing the harm:** Human beings and animals use a number of coping strategies for different stressors at different occasion. By learning and imitating (modeling) our daily interactions add to our coping capabilities. In the coping process our next step is to consider the possible alternatives to eliminate or reduce the threat. Most important is that the alternatives chosen should be workable. Viability of alternatives implies that the alternative coping used should have the characteristics of reducing the threat.

3. **Situational constraints:** Even in some harmful situation, some factors make it dangerous for the individual to express his activated impulse or action tendency, because they expose him to threat from a different source. These dangerous factors constitute the situational constraints. Sometimes they are overlooked due to the false judgement or the impulsive nature of the individual which results in the harmful effects. Situational constraints produce conflict between the coping impulse and social norms or pressures. The individual should have capacity to recognize these constraints and delay behavior in order to cope with them as well as with the original threat.)

Personality characteristics (traits) influence coping process in two ways, first; they can affect our appraisal, such as the individual can appraise situational constraints important or unimportant. The belief of the individual that he will not be punished for his certain class of behavior, will result in the fact that these threats will have little constraining influence on his actions. Secondly some individual characteristics directly affect our behavior without affecting the appraisal process such as impulse control. The persons inability to control his impulsive behavior proves dangerous or his other interests at several times.

(Richard Lazarus (1996) consider four of classes of factors within the psychological structure of the individual that influence coping. These are (1)

patterns of motivation (2) ego resources (3) defensive dispositions and (4) general beliefs about the environment and his resources.

1. **Patterns of motivation:** Motives play an important role in determining the coping behavior. They determine which kind of actions the individual consider as additional threats because of his internalized social values or due to the situational constraints. Studies show that desire for approval, even in threatening or challenging situations is capable of constraining (restricting or inhibiting) the expression of aggression.
2. **Ego Resources:** Some personality traits have been considered helpful in healthy and adoptive coping. In clinical settings these traits are described as the individuals ego strength. Murphy (1962) describes it as the child's integrative capacities and ability to make flexible use of these, along with the environmental support in any situation. Ego resources affect our behavior directly without affecting the appraisal, e.g. the impulse control. The individual may or may not control his impulsive behavior even in a dangerous situation.
3. **Coping dispositions:** Human beings posses a particular land of builtin coping system which disposes the individual to defend against threat in particular ways. Coping dispositions are the individuals tendency to

react consistently without or with little consideration of stimulus conditions. Tendency to cope or avoid, defensiveness and hardness etc are some examples of coping dispositions.

4. General beliefs about the environment and one's coping resources:

A number of studies show that our beliefs have a vital role in the coping process. Individual's with the belief that the environment is dangerous and they have little resources to meet the danger, appraise the threat chronically. They are not able to accept the challenge but prefer to avoid the situation. What is normally wrong or right, what is effective or ineffective and what will be the environmental responses are some beliefs which can affect the individual's coping reactions.)

(Some psychologists describe coping as the organisms efforts to control, reduce, or learn to tolerate the threats leading to stress. All of us take conscious as well as unconscious attempts to cope with the stress. At the unconscious level people use defence mechanisms such as distorting or denying as coping strategies and at conscious level the steps are taken to use consciously the available strategies such as problem focussed coping and emotion focussed coping etc.)

(A number of coping strategies (mostly based on either problem focussed or emotion focussed types of coping) have been identified by different

researchers. In problem focussed coping individual attempts to change directly the stressful situation into a less stress producing situation. For example, student may try to extend the due date of examination to reduce the examination pressure. In emotion focussed coping people try to regulate their emotions, in order to reduce the stress. For example, they try to find out the positive aspects of the situation or try to cheer up on receiving sympathy of others in a stress condition.

One other form of coping is social support. Social support is assistance and comfort supplied by a network of caring interested people to those who are facing a stressful situation. Social support can be either in the form of sympathy and emotional attachment, or it can be a concrete support. Several studies indicate that feeling liked, affirmed, and encouraged by intimate friends and family promotes happiness and health of the individual.

*Literature
Review*

All research is part of broad endeavour for search and generation of knowledge in which each individual research has a contributory role. Therefore before undertaking research it is imperative that the investigator should review work already done in the field. This is important to enable him/her to evaluate the status of the present knowledge, methodology and technique used and appropriate research questions which should be undertaken. In the paragraphs that follow, literature review is being undertaken to bring out salient features of knowledge in this area.

According to Diener, Suh & Oishi (1997) Subjective well-being (SWB) is a field of psychology that attempts to understand people's evaluations of their lives. These evaluations may be primarily cognitive (e.g. life satisfaction or marital satisfaction) or may consist of the frequency with which people experience pleasant emotions (e.g. joy, as measured by the experience sampling technique) and unpleasant emotion (e.g. depression). Researchers in the field strive to understand not just undesirable clinical states, but also difference between people in positive levels of long-term well-being.

In a series of studies, on lay conceptions of well-being and their main determinants. Sastre (1999) observed that the most proposed definitions of WB refer to the family, the physical body, and acceptance of oneself and one's situation, the factors with the greatest impact on judgements of the WB and others are health, harmony with spouse, harmony with children, self-acceptance, positive relations, purpose in life and personal growth.

According to Ormel, Lindenberg, Steverink & Verbrugge (1999) two ultimate goals that all humans seek are optimization of physical well-being and social well-being and the five instrumental goals by which they are achieved are stimulation, comfort, status, behavioral confirmation, affection. The correlation of the approach is that the people choose and substitute instrumental goals so as to optimize the production of their well-being, subject to constraints in available means of production.

Oishi, Diener, Suh & Lucas (1999) observed considerable individual differences in the domain that was most strongly associated with global life satisfaction. Individuals differed significantly in the types of activities that they found satisfying and these individual differences in the patterns of SWB were systematically related to value orientations. A 23-day daily study, revealed that intraindividual changes in feelings of well-being were strongly influenced by the degree of success in the domains that individuals value. Findings highlight

the meaningful individual difference in the qualitative aspects of subjective well-being.

DeNeve & Cooper (1998) found personality equally predictive of life satisfaction, happiness and positive affect. The traits most closely associated with SWB were repressive-defensiveness, trust, emotional stability, locus of control-chance, desire for control, hardiness, positive affectivity and self-esteem. DeMello & Imms, (1999) observed significant correlation between self-esteem and locus of control, and coping style. Those with high self-esteem and internal locus of control scores and were high users of the predictive “problem solving”, coping style showed significantly more positive attitude toward school and positive perceptions of their academic performance. There were no gender differences in score for tests of self-esteem, locus of control or coping style. Females, however, reported a more positive attitude towards school.

Sehgal (1990) compared self-efficacy, stress, well-being and health status between male and female college students. Results show that males obtained higher self-efficacy psychosomatic stress scores but no significant difference was found in the well-being scores. Ryan & Frederick (1997) showed associations between subjective vitality and several indexes of psychological well-being, somatic factors such as physical symptoms and

perceived body functioning, and basic personality traits and effective dispositions.

After examining the relationship between meaning in life and mental well-being, Moumal (1999) states, that a sense of meaning in life is a vital element in providing coherence to an individual's world-view and hence to his/her mental well-being. Correctional analysis on data corroborated that meaning in life is associated with a wide spectrum of conventional categories of psychopathology as well as with general neurosis.

Lucas & Diener (2000), argued that subjective well-being is strongly influenced but not totally determined by temperament, although extraversion is consistently related to pleasant affect. Robinson (2000) proposed that life events are closely related to mood states and mood states are closely related to cognitive W.B. The affective experiences play a control role in linking clarity to cognitive representations of well-being.

Stewart & Vandewater (1999) on the basis of longitudinal data opine that regret (about early adult life choices) motivates goal setting but is not associated with actually making desired life changes. They found that women who had regrets about early adult life choices but did not make relevant life changes were lower in later well-being than both women with regrets who did make such changes and women without regrets. Compared with women who

transformed regrets into life changes, women who did not were lower in effective instrumentally and higher in rumination, though they did not appear to face more barriers to change. Both rumination and effective instrumentally mediated the relationship between regret and well-being for women who did not translate regret into life changes.

After examining several mediational models of well-being Robitschek & Kashubeck (1999) concluded that, personal growth orientation appeared to mediate fully the relation of family functioning to distress for both genders. For women, hardiness appeared to mediate partially the relation of family functioning to well-being for men, this relation appeared to be fully mediated by hardiness. The models were predominantly invariant across genders. Parental alcoholism had no direct effects on well-being or distress, indirect effects were found through family functioning, personal growth orientation, and hardiness.

Although marriage continued to promote well-being for both men and women, in some cases autonomy, personal growth- the single fared better than the married. Marks & Lambert (1998). The effects of continuity in single status were not very different for women in contrast to men. The transition to divorce or widowhood was associated with somewhat more negative effects for women.

Prager & Buhrmester, (1998) studied intimacy and need fulfillment in couple relationships. They observed positive correlation between agentic and communal need fulfillment and well-being. Relational intimacy was positively associated with individual need fulfillment. Self-disclosure's impact on need fulfillment was found to vary as a function of the other dimensions of intimacy present in the interactions.

Keith (1997) in a study demonstrated that within each marital status group, those who have significantly more life problems are more likely to perceive their lives as being unhappy and less satisfying. Closeness to family members and having several close friends are both generally associated with greater well-being, although the strength of the relationship varies across marital status groups. Irrespective of marital status, however, the impact of stress on psychological well-being is buffered, to some degree, by family and friendship ties and demographic factors.

Chou (1999) found significant bivariate relationship between positive affect and dimensions of social support. 'Helping others' variables and 'relationship satisfaction variables' were negatively related to both depressive symptoms and negative affect. Satisfaction with relationships with family members and friends was consistently associated with all measures of subjective well-being, and number of friends are felt close to, was positively related to positive affect.

Social interaction are transaction of affects that is, social interchanges generate and are mediated by the affect of their participants. Colby & Emmons (1997) proposed that being open to the experience of emotion in related to experiencing positive mood, happiness, and perceptions that social support is available. Those who approached their social network to deal with a daily problem were likely to be emotionally open.

Using person-environment fit theory, Edwards & Rothbard (1999) described that in general well-being improved as experiences increased toward values, and improved to a lesser extent as experiences exceeded values. Well-being was also higher when experiences and values were both high than when both were low. These relationships were generally strongest for within-domain fit and well-being (i.e., work fit and work satisfaction, family fit and family satisfaction) and several relationships were moderated by work and family centrality.

Walen & Lachman, (2000) investigated that positive and negative social exchanges were more strongly related to psychological well-being, than to health. For both sexes, partner support and strain and family support were predictive of well-being measures; partner strain was also predictive of health problems. However, family strain was predictive of well-being and health outcomes more often for women. Further, authors found evidence that supportive

networks could buffer the detrimental effects of strained interactions, friends and family served a buffering role more often for women than for men.

Pinquart & Sorensen (2000) proposed that socioeconomic status, social network, and competence, are positively associated with subjective well-being. Income is correlated more strongly with well-being, than is education the quality of social contacts shows stranger associations with subjective well-being, than does the quality of social contacts where as having contact with friends is more strongly related to subjective well-being than having contact with adult children. There are higher associations between life satisfaction and quality of contact with adult children when compared with quality of friendship.

Predictors of subjective physical health and global well-being, were compared in U.S and German samples by Standinger, Fleeson & Baltes (1999). The overall predictive power of the three sets of predictors (socio-structural variables, personality traits and self-regulatory characteristics) was sizable in both countries. The strongest unique predictor were self-regulatory indicators for subjective physical health and personality traits for global well-being.

In their study of association between stressful life events and psychological well-being of mothers, Taylor; Roberts & Jacobson (1997) found that family disruption and work related stress were negatively associated

with mother's self-esteem health related stress was positively related to mothers psychological distress.

Changes in the nature of work and the entry of woman into the work force have had important consequences for psychological well-being. Jobs that are stressful or that provide few opportunities for control have negative consequences for mental health. (Lemnon, 1999) Lemnon further holds the view that unemployment has a negative effect on well-being because it produces anxiety, depression, and reduce, self esteem and economic security. It is also important to examine the economic context within which individuals experience unemployment.

Aryee, Luk; Leung & Lo. (1999), examined the relationship between role stressors and well-being and the moderating influences of spousal support and coping behavior, among dual-earner families. The results reveal that while parental over load was related to Family-Work Conflict (FWC), work overload was related to both work-family conflict (WFC) and FWC. FWC was negatively related to job and life satisfaction, but neither WFC nor FWC was related to family satisfaction. Emotional-and problem-focused coping was related to life satisfaction. However, with the exception of the moderating influence of emotion-focused coping on the relationship between FWC and job satisfaction, the coping behaviors were highly ineffective.

In urban India, working women are expected to continue to perform their individual domestic duties, the likely result being compromised well-being due to role strain. Husbands of working women may also experience pressures and hence poorer well-being. Well-being in working couples, particularly husbands, is little researched in developing countries. In one, such type of study Andrade, Postma & Abraham (1999) observed that, in one-working as well as both-working families, wives experienced more loss of well-being than did their husbands. Working wives experienced more confidence in coping than non-working wives. Husbands in both-working families experienced better social support but less social contact, less mental mastery, and poorer perceived health than husbands in one-working families. Few or no socio-demographic variables were associated with well-being. Results suggest that wives employment may benefit women but stress their husbands.

Christensen, Stephens & Townsend (1998) examined, well-being and mastery in woman's multiple roles such as providing care to an impaired parent, mothers to children living as house-wives and employees. Data revealed that woman's satisfaction with life was related to an accumulation of mastery across roles.

Kim (1998) examined gender role attitudes and role qualities in relation to psychological well-being of employed and non-employed Korean mothers.

Results showed that employed mothers did not differ in their psychological well-being according to their children's gender while non-employed mothers with at least one son showed greater psychological well-being than those without a son. Demonstrating the importance of congruency between women's attitudes toward gender role and their current roles, employed mothers with more liberal gender role attitude showed greater well-being while non-employed mothers with more traditional attitudes showed higher levels of well-being. Last although all role qualities were positively related to mothers well-being in both groups, the significance of wife role quality in determining mothers well-being was salient in the employed group.

In a longitudinal study, Roberts & Chapman (2000) observed that positive role-quality was associated with increases on measures of effective functioning and well-being.

In the examining of the relationship between occupation and subjective well-being, Christiansen, Backman, Little & Nguyen, (1999) noted that the stress associated with personal projects was significantly and inversely correlated with well-being as was project difficult. Perceived progress in completing projects was significantly positively correlated with well-being. The strongest predictors of well-being were the composite project factors of stress and efficacy. Two personality traits, sensing and extraversion, interacted with the project dimension of stress to emerge as significant predictors of well-

being. Together, these four variables explained 42% of the variance in well-being scores.

Cooper, Clarke & Rowbottom (1999) argue that compared to other worker, anesthetists reported high levels of stress comparable to other health care professionals. Four themes emerged, daily demands, communication within the hospital, maintaining standards of patient care and accountability. Multiple regression analysis showed that organizational issues, especially communication within the hospital and perceived lack of control were most important in determining jobs satisfaction and individual well-being.

In the telephonic interview with 366 house holders (aged 18-65 years) Fox & Chancey (1998) examined relationship between 6 measures of economic stress, financial adequacy, perceived economic well-being, respondent's and partner's job instability, and respondent's and partner's job insecurity and 7 measures of individual and family well-being. For both women and men, perceived economic well-being was generally the strongest predictor of measures of individual and family well-being. For men as well as women, spouse's job variables were important predictors of measures of family well-being. The respondent's own job instability and insecurity appeared more important to women than men and more so for family than individual well-being outcomes. Two alternative pathways were proposed and

partially supported for the influence of economic factors on individual well-being.

In a multi-nation (39 nations) study. Oishi, Diener, Lucas & Suh, (1999) found that financial satisfaction was more strongly associated with life satisfaction in poorer nations, where-as home life satisfaction was more strongly related to life satisfaction in wealthy nations. Satisfaction with esteem needs (e.g., the self and freedom) predicted global life satisfaction more strongly among people in individualist nations than people in collective nations. The investigation provides support for the needs and values-as moderators model of subjective well-being at the culture level. That is, people are satisfied with their lives to the extent that their needs and values are satisfied.

Lange & Byrd (1998) noted that students levels of daily financial stress was associated with individual perceptions of manageability and internal control regarding their financial situation. These factors is turn, directly influenced the students levels of psychological well-being. In contrast, chronic financial strain influenced students psychological well-being by negatively affecting the degree of comprehensibility regarding their situation as well as their sense of control and self-esteem. Poor financial circumstances of students may have an adverse impact on their health (Roberts, Golding, Towell, Reid et al., 2000).

Ross & Van (1997) propose that education improves well-being because it increases access to non-alienated paid work and economic resources that increase the sense of control over life, as well as access to stable social relationships, especially marriage, that increase social support. In a study they observe that the well educated have lower levels of emotional distress (including depression, anxiety, and anger) and physical distress (including aches and pain and malaise).

Sheldon & Elliot (1999) presented an integrative model of the cognitive process which has important ramifications for psychological need satisfaction and hence for individuals well-being. The self-concordance of goals i.e., their consistency with the person developing interests and core values plays a dual role in the model. First, those pursuing self-concordance goals put more sustained effort into achieving those goals and thus are more likely to attain them. Second, those who attain self-concordance goals reap greater well-being benefits from their attainment. Attainment to well-being effects are mediated by need satisfaction, i.e., daily activity-based experiences of autonomy, competence and relatedness that accumulate during the period of striving.

Reis, Sheldon, Gable, Roscoe et al. (2000), confirms the hypothesis that daily variations in emotional well-being may be understood in terms of the degree to which 3 basic needs-autonomy, competence, and relatedness- are satisfied in daily activity. Meaningful talk and feeling understood and

appreciated by interaction partners contribute to satisfaction of relatedness needs.

Barnfather & Ronis (2000), found that psychosocial development and basic need satisfaction exerted significant direct effects on health, with the expected positive signs. Psychosocial development exerted the strongest direct effect on health and also exerted a strong direct effect on basic need satisfaction and an indirect effect on health.

Brunstein, Schultheiss & Grassman (1998) observed that progress toward motive-congruent goals, in contrast to progress toward motive-incongruent goals accounted for student's daily experiences of emotional well-being. Further more, the combination of high commitment to and high attainability of motive-congruent goals predicted an increases in students emotional well-being over 1 semester. In contrast, high commitment to motive-incongruent goals predicted a decline in emotional well-being.

Shelden & Kasser (1998) revealed that participants with stronger social and self-regulatory skills made more progress in their goals over the course of a semester. In turn, goal progress predicted increases in psychological well-being both in short-term (5-day) increments and across the whole semester. At both short and long-term levels of analysis, however, the amount that well-being increased depended on the "organismic congruence" of participant,

goals. That is, participants benefited most from goal attainment when the goals that they pursued were consistent with inherent psychological needs.

Kliewer, Lepore, Oskin & Johnson (1998) found that in children, exposure to community violence was significantly associated with intrusive thinking, anxiety, and depression. Intrusive thinking partially mediated association between violence exposure and internalizing symptoms. Planned comparison revealed that violence exposure had the strongest effects on well-being among children with low social support or high levels of social strains. Furthermore, children with high levels of intrusive thinking were most likely to show heightened internalizing symptoms when they had inadequate social support.

Amongst Iranian refugees living in the Netherlands, perceived discrimination was found to lead to higher ethnic identification which had a negative effect on mastery and which in turn led to lower well-being (Nuyten & Nekuee, 1999). Cultural conflict had an indirect influence on negative affect via self-esteem, and a direct influence on positive affect and life satisfaction. Liebkind & Jasinskaja (2000) also found in a study of immigrants that discrimination experiences were highly predictive of psychological well-being.

Landau, Beit-hallnmi & Levy (1998) concluded through a war-stress and well-being study (in Israel) that gender, education, age, religiosity and

ethnic background were correlated with health worries, happiness and coping, during periods of low, medium and high national stress. In general, lower levels of well-being were reported by women, the less educated, the older age groups, the religious and those of eastern origin.

Mirowsky & Ross (1999) stated that age is related to many of the conditions critical to well-being, including economic prosperity, employment, marriage, children, education, one's childhood family, and physical health. The most critical process in a sense of mastery (controlling one's own life), those who are middle aged are at the peak of their earnings and their children have grown, their marriages are stable and job secure, the tensions and conflicts of young adulthood have lessened, and the problems of old age have not yet set in. According to the authors, this is why the best years are in the middle. In elderly Chines, Pei & Pillai (1999) found that in general, pension, health care, size of the family, and living arrangements are the factors, significantly related to their perception of happiness.

In determining the relationship between activity and older adult well-being Everard (1999) observed that activities engaged in for social reasons are positively related to well-being, and activities engaged in first to pass the time are negatively related to well-being. Total number of activities and the number of routine activities does not necessarily enhance well-being, but it is reasons for engaging in activities, are important for older adult well-being.

There is an increasing awareness and interest in the relationship between spirituality and health Thomson (2000) confirms spiritual well-being as important contributor to overall quality of life.

Emmons & Crumpler (2000) describe gratitude as a virtue to be cultivated and have linked gratitude empirically with well-being and goal attainment.

In a sample of 142 woman diagnosed with breast cancer, Cotton, Levine, Fitzpatrick, Dold et al. (2000) observed a positive correlation between spiritual well-being and specific adjustment styles. There was also a negative correlation between quality of life and use of helpless/hopeless adjustment style and a positive correlation between quality of life and fatalism. After controlling for demographic variables and adjustment styles, spiritual well-being contributed very little additional variance in quality of life.

Work on stress and various concepts related to it is abounding. As the information base is being enlarged we find that attention is not remaining confined to the broad phenomenon of stress, rather it is encompassing specific aspects of it. For example the source from which stress emanates may itself be a variable determining the nature of stress experience.

The importance of understanding stressors and stress responses has been demonstrated by the consistent findings of positive correlations between

experiencing major life events and a variety of psychological disorders. Major life events include the experience of such normative life transitions as retirement and moving as well as the experience of non-normative events such as divorce or job loss. Major life events has also been defined as those that disrupt usual activities either acutely or chronically (Thoits, 1985) and as events which require substantial behavioural readjustment (Brown, Bhrolchain, & Harris, 1975).

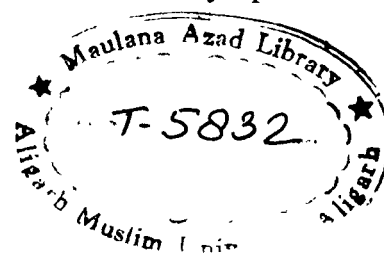
Stressors represented by such major life events have been linked to neurotic impairment, coronary heart disease, cancer and many other disorders (Dohrenwend & Dohrenwend, 1974, 1981; Thoits, 1983). A positive correlation has also been reported between experiencing stressful life events and anxiety (Sarason, Johnson & Siegal 1978) and between stressful life events and depression (Miner & Dowd 1996).

Venkoba, Rao & Nammalvar (1976) observed in 23 depressive patients, that of all the major life events 'bereavement was ranked as the most important followed by family and social relationship and occupation. The clustering of life events within a short period was significantly associated with the onset of depression.

Different types of stressors have distinct and cumulative effects on mental health (Wheatan, 1999) chronic stressors have the greatest impact, although childhood traumas also have an important effect.

Children and adolescents exposed to trauma can suffer major adverse psychological effects including not only posttraumatic stress but also other psychological disorders. Bolton; O’Ryan; Udwin; Stephanie et al (2000) compare survivals of a shipping disaster with a match control group. The survivors showed raised rates diagnosis in a range of anxiety and affective disorders during the follow-up period. The highest rates were among the survivors who had developed PTSD, and those survivors who had not were generally similar to controls. Onset of anxiety and affective disorders varied between the survivor and control group had lessened by the time of follow-up but were still apparent, due to continuing distress among the survivors still suffering from PTSD, and to a lesser extent among those who had recovered from PTSD.

On assessing symptoms of posttraumatic stress and level of deprivation, during siege conditions in Sarajevo, Husain; Malcomb; Reid & others (1998) observed that girls reported more stress than boys. Loss of family members and deprivation of basic needs were associated with more symptoms.



Cognitive activation theory of stress (CATS) states that stress response occurs whenever there is a discrepancy between what the organism is expecting and what really exists. Eriksson; Olff; Marison & Ursin (1999) further hold the view that this discrepancy affects the biochemistry of brain activation, mobilizes resources, affects performance and influences activation of psycho endocrine, psycho physiologic and psycho immune systems. It was further observed that subjects with efficient coping show fast and short lasting catecholamine response, while non-coping individuals show a sustained general activation, which may develop into somatic disease or illness.

Srivastava (1999) observed that psychosocial stress experienced by the subjects, significantly correlated with their emotional responses, symptoms of neuroticism, maladaptive and pathological behaviour and somatic pathologies. Those with higher perceived levels of stress experienced higher extremes of emotional responses and behavioural and somatic pathologies.

Negative life event stress was found to be modestly but significantly related to headache frequency (Reynolds and Hovanitz, 2000). The relation between the 2 variables (negative life stress and headache) was stronger for women than for men, and after the influence of depression and headache state was removed, the relation between life stress and headache frequency remained significantly only for women. However the oldest 10% did not show any relationship between negative life event stress and headache frequency.

Stress produces not only compensatory behaviours but emotional and physiological reaction as well. It contributes to change in body functions, which if intense or chronic may lead to disease. The greater magnitude of the stressful events, the greater the risk of acquiring illness of serious nature (Holmes, 1974, Rahe, 1964, 1968).

Stress leads to a variety of symptoms including muscle aches, an overall feeling of being upset, insomnia and loss of sleep, an increased heartbeat, a rise in blood pressure, compulsive eating or loss of appetite, a feeling of frustration, crying, yelling and screaming (Harris, 1987).

McEwen (1999) states that in spite of their bad reputation stress hormones have a protective as well as damaging effect on the body. Whether the good or bad side of stress hormone action predominates depends on the time course of the hormonal stress response, as well as the body's exposure to stress hormones. Exposure to stress can sensitise the neural machinery that mediates fear for a period of time and that during this time period fear conditioning is potentiated and responses to ambiguous or mildly fearful stimuli are exaggerated (Maier & Watkins, 1998). The controllability of the stressor is a key characteristic of the stressor, which determines whether sensitisation occurs. That is, sensitisation follows exposure to uncontrollable, but not to controllable stressors.

Traditional models of individual adaptation to stress in coeasingly are being supplemented with family based conceptualisations of stress appraisal, coping and resiliency. In one such type of study, Kiser; Ostoja & Pruitt (1998) observed that most families at some point experience strain in the context of normative transitions, such as change in family composition through birth, maturation, or family break-up. Sever unexpected stressors that place significant strain on family functioning include serious illness, death, violence and both natural and man made disasters.

Plankett; Henry & Knaub (1999) observed that adolescent age and family transitions were positively related to individual stress. Males reported less family stress than did females. Seeking spiritual support was negatively related to family stress, while the perceived impact of the farm crisis was positively related to family stress. Family support was positively related, and family substance use issues were negatively related to adolescent satisfaction with family life.

Individual vocational and relationship factors appear to have significant long term effects on adolescent well-being. (De Goede; Spruijt and Mass, 1999). The same holds true for relationship problems in family, especially for girls. Vocational family factors and parents personal characteristics were not shown to be important as predictors of adolescent well-being.

Van & Van (1999) observed that environmental degradation was associated with higher levels of stress marginalization, passive coping (avoidance), a more external locus of control, and lower levels of active coping (problem solving and support seeking). Women showed higher scores of stress (external locus of control) problem solving and support seeking than men. Environmental concerns influence emotional well being directly and indirectly through sense of control (Gibbs; Puzzanchera; Hanrahan and Giever, 1998). Taylor; Jacobson; Rodriguez; Domingue and others (2000) find out that presumed stress of living in a neighborhood considered to be as unsafe was positively associated with psychological distress.

With regard to the perceived causality of stressful events of homeless people in Madrid Spain, Mu-naz; Vazquez; Bermejo & Vazquez (1999) found that they have a multicausal view of their own problems. In fact 3 categories of events were subjectively related to their current homeless condition: economic problems, breakdown of social ties and mental illness.

Leung; Siu & Spector (2000), after factor analysis of stressors in educational settings, revealed 6 factors: recognition, perceived organizational practices, factors intrinsic to teaching, financial inadequacy, home/work interface, and new challenge. A series of stepwise multiple regressions demonstrated that recognition, perceived organizational practices, and financial inadequacy were best predictors of job satisfaction, whereas perceived

organizational practices and home/work interface were the best predictors of psychological distress.

In a study of college students, Monk & Mahmood (1999), reported that coursework and emotional state were the major sources of stress. Finance was a recurring problem, but not as trouble some to the students as the other two problems.

Tattersall; Bennett & Pugh (1999) concluded that psychological distress amongst hospital doctors was associated with both particular work situations and specific coping strategies. Distress increased with greater job constraints, management issues and problems of diagnosis and treatment. Higher levels of distress were associated with coping strategies that involved emotional distancing from stressors in contrast to actively dealing with them. Clearly, while some stresses encountered by doctors are intrinsic to the job, others (such as hours worked) are modifiable.

Groot & Brink (1999) in an economic approach to work related stress indicate that the allocation of male workers is based on comparative advantages while the allocation of female workers is based on absolute advantages. For males, but not for females, it is found that if work with stress pays more relative to work without stress, workers are more likely to accept a

job with stress. It is further found that job demands affect work-related stress more than aspects of job control.

In high-ranking professionals, both women and men experienced their jobs as challenging and stimulating, although almost all data indicated a mere favourable situation for men than for women (Lundberg and Frankenhaeuser, 1999). In addition women were more stressed by their greater unpaid workload and by greater responsibility for duties related to home, family.

In marital relations economic pressure increases risk for emotional distress, which in turn, increases risk for marital conflict and subsequent marital distress. (Conger; Raeter & Elder; 1999). Regarding resilience to economic stress, high marital support reduced the association between economic pressure and emotional distress. In addition effective couple problem solving reduced the adverse influence of marital conflict on marital distress.

Gold & Friedman (2000) observed, in new military academy cadets, that the novelty of military experience, lack of control and time management pressures were the major sources of stress. The major coping mechanism for these cadets was strong social support, with humour, rationalization and physical activity as additional coping strategies. Upper class cadets displayed more time management, sleep deprivation, anticipatory and grading

responsibility stressors and used the same coping strategies as the new cadets use.

Spouses of persons with spinal cord injuries reported the most stressful situation for them as the concerned health issues of their injured partners, the family and marital interactions, and the care-giving burden imposed on them (Chan, 2000). Cluster analysis indicated a potential at-risk group, characterized by high scores in external locus of control, inadequate coping modes and limited social support. They were noted to manifest high levels of depression (care giving burden), low levels of life satisfaction and marital adjustment.

Frazier, Patricia & Schauben (1994) find among female college students five most frequently named stressors were test pressure, financial problems, being rejected by some, relationship break-ups and failing a test. Higher amounts of stress were associated with more psychological symptoms and more disrupted beliefs.

Shejwal (1984) asked 113 college students to write about their own stressful life experiences and the ones they had deserved other experiencing. Results indicate that 52% of the students reported stress experiences related to conflict at home and with friends. The death of close one was reported to be stressful by 47% while 23% experienced stress regarding curricular activities,

18% experienced stress in relation to changes in financial status while 11% experienced stress in relation to plans for the future.

Since stress is an inevitable phenomena and one must cope with it, studies to evaluate various coping strategies, their effectiveness and impact have been conducted.

An inability to cope with the multitude of demands adolescent years may result in poor academic achievement and poor social relations (Ferrari & Parker 1992) and feelings of hopelessness that can lead to suicidal thoughts (Dixon, Heppner & Rudd 1994).

Frydenberg & Lewis (1990) have proposed three main coping categories, which they have included in 'Adolescence coping scale'. These three coping categories (i) solving the problems) means active problem solving whilst remaining optimistic, relaxed and socially connected (ii) reference to others (means referring to others such as peers, professionals or deities to help deal with the concern), and (iii) non-productive coping (includes worrying, wishful thinking, not coping, ignoring the problem, keeping to oneself and self-blame).

Dixon, Heppner and Rudd's (1994) observed that non-productive coping leads to hopelessness which, in turn, leads to suicidal thoughts and possible related action. They suggest that productive problem solving skills should be

taught during pre-adolescence, thereby giving individuals greater ability to cope with the stressful adolescent years.

Halamandaris & Power (1999) found that emotion-focused coping correlated positively with neuroticism and problem-focused coping correlated positively with achievement motivation.

In a sample of 80 college students, Endler; Speer; Johnson & Flett, (200) found that in a study conducted two types of situational controls (high and low) high control participants solved more anagrams and reported less anxiety than low control participants. Higher control participants were also higher on task-oriented coping lower on emotion-oriented coping.

Arthur, (1998) reported an increase of stress and depression symptoms during the 1st year in college students, emotional distress and depressions were related to greater use of disengagement coping behaviour.

In a comparative study of rural youth and college students, Pwskar; Sereika; Lamb Tusaie-Mumford et al. (1999), observed that rural teenagers were less optimistic, compared to established norms of college students. Lower levels of depressive symptomology were associated the higher optimism scores. Optimistic tend to use more problem-focused coping strategies than do pessimists. Coping strategies performed by the more optimistic adolescents also followed along the problem-focused strategies and

less emotion-focused strategies. Adolescents' anger was negatively related to higher levels optimism. The higher optimism, the less anger experienced by the teenager. Negative life events and optimism in the sample were negatively related and positive life events and optimism were positively related.

Plante, lecaptain & Mclain (2000), observed that perceived physical fitness was reliably associated with coping. These associations remained even after statistically controlling for gender, social desirability, self-esteem, hope, perceived stress, and anxiety. Findings suggest that perceived physical fitness may be a better predictor of daily coping than actual physical activity.

Extraversion in males predicted 3 coping styles namely cognitive, behavioural, and avoidance positively. (Gomez; Holmberg; Bounds; Fullarton, et al. 1999). Neuroticism predicted avoidance coping positively, and it exacerbated the effect of extraversion on all three coping styles. In females extraversion predicted both cognitive and behavioural approach coping styles positively, while neuroticism predicted avoidance coping positively. For females there was no neuroticism into extraversion interaction.

Lai & Wong (1998) observed that less optimistic women were more psychologically inspired by losing their jobs. Among the unemployed women, the more optimistic ones and those who were more able to distance themselves from job loss paved better. Coping, did not mediate the connection between

optimism and psychological outcomes. These findings suggest that optimism is an important personal resource for coping with unemployment but whether coping mediates the effects of optimism on psychological health or not, depends on other contextual factors.

Studies show that an optimistic explanatory style is linked with good health operationalized in a variety of ways (Peterson & Bossio, 1999) explanatory style is a cognitive personality variable that reflects how a person habitually explains the causes of bad events (Peterson and Seligman 1984) explanatory style presumably affects outcomes including physical health, through its effect on one's expectations about the future controllability of bad events. The optimistic individual expects that he or she can do things that make bad events less likely. These expectations translate into active coping, which, in turn, may be beneficial. In several studies it was found that individuals with an optimistic explanatory style are indeed more likely than their pessimistic counterparts to engage in health-promoting activities (Peterson, Maier & Seligman, 1993).

Tomaka; Palacios; Schneider; Colotla, et al. (1999) found that high assertive women appraised the impromptu speech stressor as challenging, where as low assertive women appraised the stressor as threatening High assertive women also had a challenge pattern of autonomic response during the task, compared with the threat response during the task, compared with the

threat response of low assertive women. Afterward, the high assertive women reported experiencing less stress and negative emotions and greater positive emotions than did the low assertive women.

Drach, Zahavy & Someeh (1999) argued that different aspects of constructive thinking would influence task performance and adaptation to change in the nature of the task distinctively. Moreover, in line with the goal setting paradigm, they suggested that good behavioural and emotional coping (as compared to poor coping) would help subjects to overcome inherent difficulties of specific difficult goals and to benefit from their motivating advantages. In contrast, high categorical thinking, superstitious thinking, naïve optimism, and negative thinking would lead to decrement performance under specific difficult goals.

Highly creative individuals use significantly more active constructive strategies as well as original and witty responses in coping with frustrating situations. (Falat, 1999). In spite of certain tendencies, in aggressive and escape responses, no statistically significant differences were found between high and low creative students.

Family life, relationships with peers and significant others, as well as his/her own unique personality are some factors, which may strongly influence an individual's ability to cope. Basic personality factors, which may contribute

to the individual's development, are self-esteem locus-of-control, and coping styles. Self-esteem appears to serve as an 'anxiety-buffer' in one's daily life, with research findings indicating that those with high self-esteem cope significantly better with stressful situations than those with a low self-esteem (Elton, Burrows and Stanley, 1980; Greenberg, Psycynski, Burling, Simon, Solomon, Rosenblatt, Lyon and Pinel, 1992). Low self-esteem in adolescents has been linked to depression (Bachman Kahn, Mednick, Davidson and Johnson, 1967) and stress (Youngs, Rathge, Mullis and Mullis, 1990).

Carves Scheier & Neutraub (1989) correlated various coping strategies with self-esteem. It was observed that some productive coping patterns involving active problem solving were associated with relatively high self-esteem.

Reviewers of the evidence for goal-setting theory (Locke, Shaw, Saari & Latham, 1981) have suggested that those with high self-esteem are more likely to accept challenging goals, perform better on complex tasks and have greater job satisfaction.

Gurnakova (2000) observed that subjects (University students) scoring higher in negative self-esteem claimed to use maladaptive coping strategies more frequently (behavioural and mental disengagement, focusing emotions and their expressions, denial) subjects with a lower score in negative self-

esteem preferred humour, positive reinterpretation and growth as coping strategies. Women achieved a higher level of negative self-esteem; they focused more on emotions and sought instrumental and emotional social support more frequently than men. Men concentrated more on the problem solving than emotions.

A link between self-esteem and locus of control has been indicated by findings of significant correlations between low self-esteem and external locus of control (Epstein & Komorita, 1971; Madonna, Bailey & Wesley, 1990).

In school attitudes of adolescents, Lesley, Demello & Toni (1999) found significant correlations between self-esteem, Locus of control and coping styles. Those with high self-esteem and internal locus of control scores and were high users of the productive "problem solving" coping style, showed significantly more positive attitudes towards school and positive perceptions of their academic performance. There were no gender differences in scores for less of self-esteem, locus of control or coping styles. Females, however, reported a more positive attitude towards school.

Internal locus of control is related to higher academic achievement (Findley & Cooper, 1993) possibly because children with internal locus of control work harder for better grades, while externals tend to make excuses for poor performance.

Gender differences in coping styles, were reported by Frydenberg and Lewis (cited in Cohen & Frydenberg, 1993), with males more likely to engage in more risk-taking activities and more physical relation than females. Females were more likely to engage in talking to friends, daydreaming, and tension reducing activities.

Kohlmann; Weidner; Dotzauer & Burns (1977) studied the role of avoidant coping in health behaviours of men and women. Results indicate that generally women scored higher than men on self-care, vehicle safety, and drug avoidance, but not in physical exercise and healthy nutrition. Women exhibited lower cognitive avoidance than men.

Blalock & Joiner, (2000) observed that high negative life event scores were predictive of significant increase in depression and anxiety symptoms among females who endorsed greater use of cognitive avoidance coping, but not among males. Behavioural avoidance coping was unrelated to changes in depressive and anxious symptoms.

Stress is inevitable in life, and later adulthood has many special attributes that involve the stress experience. Hobfoll & Wells (1998) examined the implications of conservation of resources (COR) theory for family coping. They proposed that, when resources are evaluated globally, evidence strongly

suggests that resources have a major influence on physical and psychological outcomes.

Brandtstadter; Rothermund & Schmetz (1997) argued that in spite of a accumulation of aversive and uncontrollable changes in the later phases of life, elderly people are quite efficient in maintaining a positive view of self and personal development. In particular, there is no evidence for a general age related increase in depression or in self-esteem problems. A theoretical model is outlined that accounts for the phenomenal resilience of the aging self. It is assumed that the maintenance and stabilization of a positive identity in later life crucially hinges on the interplay between two modes of coping. (a) instrumental activities that aim at preventing, alleviating or compensating age-related losses (assimilative modes of coping); (b) readjustments in personal goals and ambitions (accommodative modes of coping).

The relationship between religion and coping is the subject of a growing body of psychological research. For many people, religion appears to be an important resource in coping. A number of studies have found that religious beliefs, practices, and relationships are commonly involved in the process of dealing with stressful life experiences (Conway, 1985-1986; Koenig, Georgls & Siegler, 1988; Muae, 1984). Further more, different kinds of religious coping efforts have been tied to the resolution of these critical experiences (Pargament et al., 1990; Park, Cohen, & Herb, 1990; Park & Cohen 1993).

In a survey to examine, how spirituality moderates relationship between negative life experiences and psychological adjustment, young; Cashwell, & Sheherbakova (200) found that spirituality provides a significant moderating effect for both depression and anxiety. The moderating effect was stronger for depression than for anxiety.

Among some groups, particularly the elderly, minorities, and individuals facing life threatening crises, religion is cited more frequently than any other resource for coping (Bulman & Wart man, 1977; Conway, 1985-1986).

Loewenthal, Macleod, Goldblatt, Lubitsh, et al. (2000), argued that religiosity affected ways of thinking about the stressful situation, namely: belief that God is enabling the individual to bear their troubles (religious spiritual support), belief that it was all for the best, and (more weakly) belief that all is ultimately controlled by God.

It is obvious that presence of a supportive other can reduce psychological responses to the stressors. Fontana; Diegman; Villeneuve; Lepone (1999) noted that the presence of a non-evaluative friend or stranger can reduce cardiovascular responses and that the quality of supportive ties modulates the impact of those ties on responses to stress.

Social support showed a favourable effect on the level of psychological distress in victims who reported recent chronic verbal aggression, physical aggression or financial mistreatment, (Comijs; Penninx; Knipscheer, & Van Tilburg, 1999). Victims who received more social support showed less psychological distress. A lower sense of mastery, a negative perception of self-efficiency, were associated with higher levels of psychological distress in victims.

After an investigation Helsen; Valleberg & Meeus (2000) describe that parental and friends support seem to be relatively independent support systems. Although the degree of perceived support changes in the expected direction (with parental support decreasing and friends support increasing) during early adolescence, parental support remained the best indicator of emotional problems during adolescence. The effect of friends support appeared to be depend slightly on the level of perceived parental support, with the high parental support group showing a slightly positive effect of friends support, and the low parental support group showing a negative effect of friends support.

Foster, (2000) concluded, that coping mechanisms predicated psychological behaviours better than did personal discrimination. The more the subjects used social support to cope, the more collective action and less

helplessness behaviour they reported. Also the more the subjects used avoidance to cope, the more helplessness they reported.

Literature review reveals that the sense of well-being is influenced by several factors, of which stress experienced by the individual and his coping strategies are of great importance. For the deep insight in the phenomena, this investigation aims to answer the following questions:

Our first three research questions deal with the stressful life events, which the subjects have experienced. The researcher want to investigate that:

1. Do individuals experiencing various levels of W.B. (high, moderate and low differ from each other on stress scores?
2. Do individuals experiencing high, moderate and low sense of well-being, differ on their negative stress scores.
3. Is there any difference between various well-being groups regarding their positive stressful experiences.

The next set of questions is formulated to examine the different well-being groups on the basis of their sources of stress. In this regard following questions will be answered.

4. Do the individuals experiencing high and low sense of well-being differ on their source of stress.
5. Do the individuals experiencing high well-being differ from those experiencing moderate well-being on sources of stress.

6. Do moderate well-being group differ from low well-being group on sources of stress.

Researcher also wants to examine the various well-being groups with regard to the impact of the stress, which the subjects have experienced. So our next questions are like:

7. Is there any difference between high well-being and low well-being group regarding the impact of their stress experiences.
8. Is there any difference between high well-being and moderate well-being group on the impact of their stress experience?
9. Is the moderate well-being groups different from low well-being group on the basis the impact of stress experiences?

The researcher aims to investigate the coping strategies used by all the three well-being groups in order to check their influence on different levels of well-being. For this purpose following questions. Will be considered.

10. Do the use of different coping strategies make any difference in high well-being and low well-being groups
11. Do the individuals experiencing high well-being differ from those experiencing moderate well-being on the use of different coping strategies.
12. Is there any difference in moderate well-being group and low well-being group regarding their coping strategies?

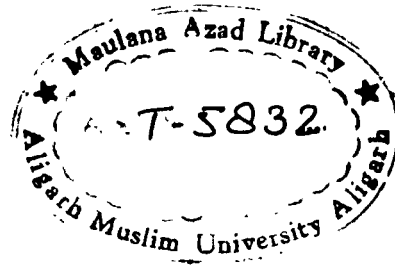
The investigator consider self-evaluation of stress very important factor for the sense of well-being. On the basis of this postulation the three well-being groups shall be compared as:

13. Do individuals experiencing high well-being differ from those experiencing low well-being on the self-evaluation of stress.
14. Is there any difference among high well-being and moderate well-being groups with regard to their self-evaluation of stress.
15. Do individuals experiencing moderate well-being and low well-being differ in term of their self-evaluation of stress.

Self evaluation of coping efficacy is one another factor we feel important in determining the different levels of well-being. With this consideration following questions were set for the investigation.

16. Is there any difference in high well-being group and low well-being group regarding their self-evaluation of coping efficacy.
17. Do individuals experiencing high well-being differ from those experiencing moderate well-being on their self-evaluation of coping efficacy.
18. Do moderate well-being and low well-being groups differ in the self-evaluation of coping efficacy.

Methodology



The aim of the present study is to understand in a comprehensive manner, how individuals who experience a high sense of well-being cognize their stresses in terms of sources from which stress is perceived to emanate, the meaning or impact which it had for them and the methods of coping which they utilized in managing stresses. Such questions are important because rather than the concept of a total stress score, the dynamics in terms of perception and meanings, reactions and processes are needed to be understood in order to obtain a true picture of the phenomena. It was desired that understanding of stress be gained from different aspects, so that it would be possible to bring out the how high well-being and low well-being subjects differ in their perception and reaction to stresses. This necessarily entailed that wherever appropriate psychometric tests be used and wherever necessary other innovative methods like content analysis, ladder ratings etc. be utilized.

The case in favour of content analysis is very strong. Miles & Huberman (1986) noted that qualitative data, in the form of words rather than number have always been the staple of certain social sciences, like anthropology, history and political science. In the past few decades, more and more researchers in fields with a traditional quantitative emphasis (psychology,

sociology, organizational studies etc.) have shifted to a more qualitative paradigm.

Qualitative data may be extremely useful. They are sources of well-grounded, rich descriptions and explanations of processes occurring in local context. Smith (1978), argued that the findings from qualitative studies have a quality of 'undeniability'. Words, especially when they are organized into systematic modules, have a concrete, vivid, meaningful flavor that often proves far more convincing to a reader than pages of numbers.

The investigator felt that the nature of the present study calls for a qualitative approach. The fact that this approach was being used with success in psychological research fulfilling all scientific parameters was an important consideration.

The major thrust of this study is to identify the sources of stress, its perceived impact and coping styles of individuals with reference to their sense of well-being. Thus, tools to assess all these variables were needed.

The LES, which measures life stress is available to measure stress. But although it is a good measure of positive, negative as well as total stress, it cannot capture the unique experiences and the distinctive concepts of each individual regarding the phenomena. There are many instances which compel one to ponder that it is not the mere occurrence of a stressful event which determines how the individual is going to be affected but a plethora of other

circumstances also contribute to its impact. The words of the philosopher, Nietzsche, “he who has a ‘why’ to live can bear with almost any ‘how’” are very pertinent. They suggest that if the individual perceives an ultimate meaning in suffering it will be perceived differently than if the suffering is without purpose. Without understanding the phenomenological world of a person it is not possible to understand the intricacies of the phenomena. The total score which a person obtains on LES can definitely throw light on the quantum of stress undergone. But being human entails active efforts to interpret experiences, seeking purpose and significance in the events around us. This approach of trying to unearth the meaning which humans give to their experiences and develop understanding by evolving and integrating concepts is an important approach which contemporary psychologists are adopting more and more. Since language is an important vehicle through which meanings are created; Sarbin (1986) proposed a narratory principle which holds that a narrative reflects the thinking, perception, imaginings and actions of human beings. Assessment of certain important aspects of stress was therefore done through analysis of the detailed reaction given by the subject in his/her own words and language.

Flexibility of methodology is an important aspect of a good research. Therefore, tools were selected for our study in terms of appropriateness. For measuring sources of stress, its impact and coping, open ended questions

which led to narrative and which were analyzed through content analysis was used. The self-Anchoring Ladder Scale (Cantril et al., 1965) was used to get an individual's evaluation of his continuum of stress, coping and coping efficacy. The Psychological Well-Being Scale (Bhogle & Prakash, 1995) was used to measure sense of well-being, and stressful life events were measured by LES (Life Experience Survey) developed by Sarason, Johnson & Siegal (1978).

Tools of Study

(1) Assessment of Stress Source, Impact and Coping Style:

Since the researcher desired to obtain a picture of the subject's reality world in relation to the stresses perceived by him/her and its meaning, open ended questions which provoked the narrative were felt to be most appropriate. Four themes were selected to which subjects responded in the form of a detailed expression of their reactions. The following are the four questions to which subjects responded.

1. If you are asked to look into your life and record the experiences that have disturbed and distressed you most, which experiences would come immediately to your mind as the most powerful stresses in your life? Please write about it in details.
2. Is there any other notable experience sad or happy that you would like to record?

3. These experience must have affected you very strongly and probably influenced you in some lasting way. What do you think has been the impact of these experiences on you?
4. As an intelligent person you must have tried to handle distressing situation in the best possible manner. What did you do to reduce the stress and come out of the crises?

Through the above queries a life like picture of (1) nature of stressful experiences (2) the impact and meaning of these experiences and (3) method of handling and coping could be brought out realistically and clearly.

(2) Measuring subjects, evaluation of stress and coping:

Self Anchoring Ladder Scale

An important methodological problem which confronted the investigator was that of devising some means to get a picture of where the individual places himself in terms of the severity of stress experienced by him, (which is an aspect of the individual's own reality world), in his own terms, yet in a manner that allows for quantitative comparisons.

It may be recalled that a similar problem was confronted by Cantril (1965) in his study of the patterns of human concerns, which aimed at studying the fears and aspirations of people belonging to different countries, the Self-Anchoring Striving Scale which was devised by Cantril, Kilpatrick and Lioyd

Free was used in that study. The scale has been discussed extensively by the authors in the “Journal of Individual Psychology (November 1960)” The American Behaviour Scientist” (October 1962) and “Scientific American” (February 1963). Its applicability to a wide variety of problems, particularly those which involve discovering the spectrum of subjective evaluations a person is preoccupied or concerned with, has been strongly suggested.

It was felt that this device would enable us to measure the individual's evaluation of stress intensity adequately. Provided the agent knows what a phenomena means and is not faced by problems of comparison, it is difficult to conceive any one better place than himself to determine whether he feels or does not feels stressed. Barrow (1980) has supported this viewpoint after evaluating critically varying opinions in the context of measuring happiness (Mc Peck 1978, Von Wright 1963).

Retaining the concept contained in Cantril's scale but modifying it in consonance with the concept we are studying, the self-anchoring device was used. The permissibility of such modifications, where essential concept is retained has been upheld by the authors.

The first step in the administration of the scale is to ask the person to define on the basis of his own assumptions and experiences the two extreme or anchoring points of the spectrum on which some scale measurements is desired. In this case subject was asked to define on the basis of his her own

experiences as well as assumptions (i) the top of the scale (highest level of stress) the bottom of the scale (lowest level of stress) and (ii) for measuring coping efficacy the top of the scale (most successful and effective coping) and the bottom of the scale (least successful and least effective coping). Through this a “self-defined continuum” as Cantril calls it, comes into existence.

The defining and probing into reality world prepares the subject for the next phase and is an important precursor to it, since it helps him to form a somewhat cogent picture of his reality world which he may not otherwise have given thought to. This next phase is presenting a non-verbal ladder device (see appendix-I), symbolic of the “ladder of life” and asking him where he thinks he/she lies on it in terms of stress level, the top rung indicating the highest and bottom rung the lowest level, with reference to his definition of them. The experimenter moves the finger up and down rapidly while asking him this question. The subject indicates his position on the ladder with a tick mark.

To measure subject’s estimate of his coping efficacy the same procedure was repeated with query regarding coping put to the subject. The investigator’s choice of instrument is thus in consonance with the nature of the variable studied as well as the merit of it as a measuring device. Cantril’s scale has been used in almost twenty six countries, and valuable information with regard to aspirations, happiness, fears and concerns as existing in different nations have been obtained through it.

In the present investigation, the subject's estimation of his level of stress and his evaluation of coping used by him was obtained through ladder rating.

(3) Life Experience Survey – LES

Stress research has given birth to a number of scales and inventories for its measurement. For example, Subjective Stress Scale (Kerle & Bialek, 1958): a self report on adjective check list, during and after exposure. Hassles scale developed by Kanner et al. (1981) indicating which event made the respondent to 'feel hassled', etc.

We have used Life Experience Survey (LES) developed by Sarason, Johnson and Siegel (1978). The LES over existence greatly to SRE - Schedule of Recent Experience (Holmes & Rahe 1967), which was widely used to measure life stress. This 43 event scale is a self-administered questionnaire in which subjects are asked to check those events that they have experienced during previous 6 months or 1 year. However, it has been criticized by several scholars on different grounds, Brown (1974). It was primarily to overcome these shortcomings that Sarason, Johnson and Siegel (1978) developed 57-item self-reported measure "Life Experience Survey" (LES).

The LES includes a list of events experienced with at least some degree of frequency in the population being investigated. Respondents themselves rate the desirability or undesirability of the events. It allows individualized ratings of the personal impact of the event experienced. These characteristics share the

objective of the present study. Therefore the investigator found it an appropriate measure to obtain total scores of stress and impact experienced by the respondents.

The scale has two portions: Section I and Section II with 47 and 10 specific events respectively. In addition to 47 specific events in section I, three blank spaces are also given to indicate those events which the respondent did not find in the existing list but he or she has experienced them. This section refers to changes that are common to individuals in a whole variety of situations. Section 2 deals specifically with changes experienced in the academic environment.

In the construction of LES several events have been used from the existing life events scales. 34 events are similar in content to those found in the SRE. However in LES these events were made more specific. Other events were included after judging that they might exert a significant impact on the lives of persons experiencing them.

The events of LES can be categorized as follows:

Family related events: death, illness, losses, gains, changes in closeness of the family members.

Events related to person himself include major personal illness, change in eating, sleeping, social and recreational activities, working and living conditions.

Events related to friend: death or illness of friend and breaking up and reconciliation with friend.

Marriage, divorce, health and working conditions of spouse, changes in interpersonal relationships, sexual difficulties are the events related to marital and sexual relationships.

Finance related events include losses, gains, borrowing and investing in recreational activities.

Section 2 fully represents the academic events, such as beginning a new school experience, failing an exam, dropping a course, being dismissed from dormitory or other residence, financial problems concerning academics.

After a test retest of LES the authors report correlation coefficient for positive change score as 0.19 and 0.53 ($P < .001$), for negative change score as 0.56 ($P < .001$) and 0.88 ($P < .001$) and for total (positive and negative) score as 0.63 and ($P < .001$).

LES enables the subjects to rate in terms of stress of the events they have experienced during the past one year. The subjects rate only those events which they have experienced and leave unanswered those events which he or she has not gone through. Unanswered events score zero. The events are rated on a 7-point scale which indicates ranges from -3 to +3, -3 indicating a rating of extremely negative and +3 a rating of externally positive. The summing of the ratings of the negatively perceived events indicate the negative change

score. Similarly the summing of the ratings of positively perceived events provide us the positive change score. After combining both negative and positive change scores the total change score, is obtained.

LES has been developed in USA. However it has been found suitable for Indian culture also. (Lone, 1990). For the present study too, the investigator found this scale as an appropriate measure.

(4) Assessment of Psychological Well-Being:

In a major shift during the last few decades, researchers have paid greater attention to the concept of 'well-being' than the traditional aspects of 'ill-being'. A number of researchers had been conducted to identify and explore different aspects of well-being which resulted in development of number of questionnaires, tools and tests for the related field. These measures of well-being include, single item scales such as 'Self-Anchoring Ladder' (Cantril, 1965), 'Delighted-Terrible Scale' (Andrews & Withey 1976), multi-item geriatric scale like, 'Philadelphia Geriatric Center Morale Scale - PGCMS' (Lawton 1975), 'Life Satisfaction Index - LSI' (Neugarten; Havighurst & Tobin 1961), multi-item general use scales like Differential Personality Questionnaire - Well-Being sub-scale (Tellegen 1979), Index of General Affect (Campbell; Converse & Rodgers 1976), Self-Description Inventory (Fordyce 1978), Happiness Measures (Fordyce 1977), Affect Intensity Measure (Larson 1983), Satisfaction with Life Scale (Diener; Emmons; Larson & Griffin 1983)

etc. After rigorous testing and retesting in different settings these questionnaires are now used as valid tools for further research.

In the Indian context Verma et al (1983), Moudgil et al. (1986) and Verma & Verma (1989) constructed PGI General Well-Being Measure in simple Hindi for the use in clinical population. Nagpal & Sell (1985) developed a scale for assessment of all the dimensions of Well-Being, but it is too lengthy for the research purpose. Bhogle & Parkash (1993) proposed that self-report measures are reliable and valid measures of Psychological that Well-Being. They observed that satisfaction variables are closely related to Well-Being, while psychological distress and meaninglessness are negative aspects indicative of ill-being.

In the present study Psychological Well-Being Scale, developed by Bhogle & Parkash (1995) is used, because the investigator aims to consider over all well-being of the participants. This instrument seems to be most suitable as it contains the items which provides the general information about the well-being of the respondents.

The authors of the scale have taken all the empirical steps in the developing of Psychological Well-Being Scale. The items were pooled on the basis of existing methods of assessing psychological well-being and literature review. Five point Likert-type scales has been used to assess perceived satisfaction in different life settings, such as peer relationship, marriage, health

social support and satisfaction with support. G.H.Q-28 of Goldberg & Hillier (1979) was used to measure psychological distress. General life satisfaction was measured by LSI-8 of Steinkamp & Kelley (1987). Several other factors like perceived personal control (Pitcher et al 1987) self esteem (Umberson & Gove, 1989) positive affect (Bradburn, 1969) meaninglessness (Umberson & Gove, 1989) were added to the rating scales.

The seventy item pool was administered to a normal adult sample of 20-58 years. The participation was purely voluntary basis. Factor analysis of the responses, using principals component method, yielded 12 factors with eight values greater than 1.00 accounting for 6.8% of the variance.

The rotated factor matrix was then analyzed since the number of items loading on each factor differed, a final form 4 the questionnaire was developed which contained the two items which loaded the highest on each factor this yielded 24 items. To this were added the over all rating indices for satisfaction in the four areas of life, marriage, peer comparison and health, and thus in all the final questionnaire contained 28 items (Bhogle & Prakash, 1995).

When put on test, PWB questionnaire (Bhogle & Prakash, 1993) shows an internal consistency of 0.84 and split half coefficient of 0.91 in retest using the same questionnaire after three months 0.72 correlation was observed. The questionnaire had high correlation of 0.62 with subjective well-being

questionnaire of Nagpal & Sell (1985) and 0.48 with general well-being questionnaire of Verma & Verma (1989).

Sample and Procedure:

The sample consists of 127 adults selected through purposive sampling. Originally 150 subjects were selected for the study, but due to incomplete questionnaires, twenty three subject were not included in the sample, which resulted in total subjects being 127.

The sample consisted of respondents in the age group of 20-40 years. Participation in the study was completely on a voluntary basis.

Since the present study was not concerned merely with the administration of some questionnaires but involved in the obtaining of a detailed reaction to various issues, it had to be undertaken with great care. Only subjects who where willing to participate, willing to give time and felt motivated enough to write out their individual experiences, were selected. Data collection was not conducted in one stretch but in view of the detailed information required a minimum of two sessions were conducted with each subject.

The following was the order in which the various tools of study were given to the subjects.

1. The subjects were presented with the Self-Anchoring Ladder Scale to place himself/herself on the ten point scale in terms of stress. This

involved defining the extreme points of the continuum and this helped the subject to orient himself /herself about stress experiences this would facilitate the next phase where detailed information about stress experience was required.

2. After Ladder rating on intensity of stress had been given by the subjects, the open ended questions regarding stress, its impact and coping were given to the subjects. This was the lengthiest part of the subjects contribution but subjects participated with interest. For them it served also as an opportunity to collect in a focussed way their thoughts and experiences on a matter of great personal concern. It was reassuring to observe that subjects responded with willingness and motivation, thus indicating that information given by them was reflective of their reality.
3. The subjects rating on the ladder scale were taken in terms of extent to which he/she had successfully managed that is, coped with the stress.
4. The life experience survey (LES) and psychological well-being (P.W.B) scales were administered to the subjects.

The above order was maintained in order to ensure that subject becomes focussed on the issue to which we require responses. Subjects evaluation of coping was taken later because the concept of what coping was, and how he/she had coped became more clear after writing about these aspects in the detailed questionnaire.

On the basis of scores of Well-being, subjects were divided into three groups: (i) High Well-Being, (2) Moderate Well-Being and (3) Low Well-Being. Each of the three groups were compared in terms of:

- a) Extent of stress perceived (through ladder rating).
- b) Perception of effective coping (again through ladder rating).
- c) Sources of stress (through content analysis).
- d) Impact of stress (through content analysis).
- e) Coping styles (through content analysis).
- f) Stress scores of L.E.S. (positive, negative, and total separately).

Analysis

The most challenging part of the analysis was analysis of the narrative data provide by the subjects. The technique of content analysis was used to generate the categories of stress, impact and coping from the reported experiences of the respondents. Such analysis is always undertaken as a collaborative effort so that research does not lose its scientific credentials by limiting itself to a single person's evaluation. The following steps were taken to ensure and maintain objectivity and empiricism in procedure.

Five teachers and research scholars of the Department of Psychology A.M.U. participated in the process of evolving a coding system through which categories could be created to process the responses given by the subjects. The

purpose of the study and the procedure of the content analysis was discussed in detail with other coders. Ten response sheets were randomly selected for analysis. The coders were asked to go through each section of the narrative and give their evaluation of what the respondent has indicated to be his stress source, its impact and coping strategy. Raters were asked to give their assessment of the descriptive answers on the response sheets. Every rater analysed all the ten questionnaires independently. All the analysed codes (of stress, impact and coping) formulated by the scholars were then matched and discussed. In a few cases there were slight difference which were discussed and this actually led to a better system of coding.

The respondents have reported a number of sources of stress, impact of these stressors and coping strategies. On the basis of nature and perception of these variables (stress, impact and coping), they were categorized under some major headings. At first instance for every variable a miscellaneous category was also used but later on after reconsidering and reexamining these limited number of responses, were accommodated in other existing categories.

Finally eight categories of sources of stress, five of perceived impact and seven of coping strategies, were identified. A brief description of these categories is as follows.

Sources of Stress:

1. *Bereavement:*

This category included all those situations where death had occurred (e.g., natural, custodial and accidental etc.)

2. *Interpersonal relations:*

Under this category were coded all stressful experiences relating to the individuals, interaction with others: like broken relationships, peer group experiences, relations with family etc.

3. *Health related issues:*

Frequent illness, accidents, injuries, noise pollution and other health related matters were included under this category.

4. *Social injustice:*

Many subjects had experienced as source of stress phenomena like despotism, moral degradation (of society/family), corruption, deceitfulness, discrimination (on social/religious grounds) etc. They were coded under category of social injustice.

5. *Profession/occupation:*

This category includes problems like unemployment, getting fired from a job, not getting salary, employers' negative attitude etc.

6. *Low and Order:*

Terrorism, robbery, being uprooted from homeland, torture, threat to life, and kidnapping etc. were coded under this category.

7. *Academic:*

This category includes, for example, academic set backs (break) failure, fear of unfair low evaluation of performance, delay in exams, and academic pressure etc.

8. *Negative feelings:*

Negative self-concept, guilt feelings, and pessimism about future, feeling unlucky, etc. were coded in this category.

9. *No Stress:*

A few respondents report no stress, were put under this category.

Impact of the Stressful Events/Experiences:

1. *Event was learning experience for future:*

Responses like enriching of experiences, ability of facing such events positively in future, getting real image of life, developing insight, broadening vision about life, becoming life conscious and careful, were put under this category.

2. *Event gave opportunity for psychological growth:*

This category includes responses like, shaping of personality, becoming mature and idealistic, developing sense of responsibility, tolerance, patience, sociability, confidence, competence, commitment, determinism, courage, control and management.

3. *Event had psychologically negative impact:*

Inferiority complex, guilt, disgust, worry, fear, anger, revenge, hopelessness, hot temper, disturbance, isolation, insecurity, not believing other, and sinking into apathy, etc based responses were proposed for this category.

4. *Event had pathological consequences:*

Responses like physical illness, weakness, dizziness, mental disturbance, memory loss, becoming sentimental, shocked, anxious and cowardice, etc were studied under this category.

5. *Event caused turning to God:*

This category considers responses like, religiosity, religious altruism, and firm belief in God, etc.

6. *Event resulted in poor performance:*

Responses like academic stagnation, academic set back, failure, in competence, etc were treated under this category.

7. *Event had no specific impact:*

Responses like no impact or not much impact were studied under this category.

Coping Strategies:

1. *Sublimation:*

Activities like engaging oneself in some other activity, listening to music, playing, reading, diverting oneself towards pleasurable activities and enjoying nature were considered to reflect sublimation.

2. *Accepting and compromising:*

Tolerating, feeling that time will heal, adapting to the situation with sobriety and patience were coded in this category.

3. *Spiritualism:*

Responses like worship, prayer, meditation, altruism, religiosity, believe in God, and optimism were coded under spiritualism.

4. *Confronting/facing by strengthening the self:*

Commitment, sense of challenge, self-management and control, working hard, increasing competence, and self centred opting etc were considered under this category.

5. *Problem solving:*

Responses of considering alternatives, seeking pertinent information (help), thinking positively, behaving flexibility, and redefining a situation so as to make it more solvable etc were put under 'problem solving'.

6. *Getting social support:*

Sharing problems with others, seeking and providing help, self-disclosures, etc were considered as getting social support.

7. *Helplessness/giving up:*

When responses were like feeling out of control, in action, isolation, weeping, smoking etc, they were considered under category of helplessness/giving up.

8. *No Specific Coping:*

Responses like do nothing etc. were treated under this category.

The above content analysis gave us very vital information. This information was further analysed in the following manner.

- i. The frequency with which subjects belonging to each of the three well-being groups attributed source of stress in each of the eight categories depicting stress source was calculated in terms of percentage. The three groups were compared in terms of significance of difference between percentages. Although in social science research mostly 0.05 is selected as the significance level, but as the present study is largely based on a qualitative data we consider even 0.10 as the significance level for the obtained results. A graphic representation of the data was also made for a ready reference.

In the same manner the three groups were analysed in terms of impact of the stress experienced by the subjects and with reference to their coping and management of stress.

- ii. The three groups were also compared in terms of scores obtained on the Life Experience Survey (LES). Inter group comparisons were made by calculating values with reference to total stress score, positive event score, and negative event score.
- iii. The three groups were also compared with regard to ratings given on self-Anchoring Ladder Scale with regard to continuum of stress experienced by them and success in terms of coping.
- iv. In terms of the ideographic orientation which the researcher considers extremely important the researcher made a detailed analysis of the total picture presented by subjects falling at the extreme ends of the well-being scale.

Results

The focus of the present study is to identify the sources of stress, its perceived impact and coping styles of individuals with reference to their sense of well-being. In this context several research questions were formulated, which have been already mentioned in chapter 2. Following are the results obtained on these questions.

Our first research question is with regard to whether the three well-being groups differ in terms of stress experienced by them? The results are reported below.

Table 1

Stress scores of subjects experiencing various levels of well-being

Group	N	Stress Scores			
		Mean	S.D.	t	Significance level
H.W.B.	44	51.409	28.952	0.334	NS
L.W.B.	42	53.357	24.147		
H.W.B.	44	51.409	28.952	0.404	NS
M.W.B.	41	48.975	25.662		
M.W.B.	41	48.975	25.662	0.792	NS
L.W.B.	42	53.357	24.147		

The scores in the above table have been obtained from subjects responses on the LES (Sarason, Johnson and Siegal, 1978), which was administered to find out amount of stress being experienced. As can be seen from the above table, there is no difference in the amount of stress experienced by those reporting High (HWB), Moderate (MWB) and Low (LWB) sense of well-being.

The next question is concerned with finding out whether individuals experiencing high, low and moderate well-being differ in positive stressful experiences. Result can be seen in the Table 2.

Table 2

Positive Stress Scores of subjects experiencing various levels of well-being

Group	N	Positive Stress Scores			
		Mean	S.D.	t	Significance level
H.W.B.	44	18.659	11.381	0.612	NS
L.W.B.	42	17.190	10.585		
H.W.B.	44	18.659	11.381	1.447	NS
M.W.B.	41	15.561	7.615		
M.W.B.	41	15.561	7.615	0.794	NS
L.W.B.	42	17.190	10.585		

The above scores were again obtained through subjects responses on LES. No significant difference is seen in any of the intergroup comparisons conducted.

The third question goes on to probe differences in the three well-being groups in terms of negative stressful events reported on the LES (Sarason, Johnson and Siegal, 1978). The results are reported in the following table, namely Table 3.

Table 3

Negative Stress Scores of subjects experiencing various levels of well-being

Group	N	Negative Stress Scores			
		Mean	S.D.	t	Significance level
H.W.B.	44	32.704	22.224	0.766	NS
L.W.B.	42	36.166	18.969		
H.W.B.	44	32.704	22.224	0.146	NS
M.W.B.	41	33.414	22.024		
M.W.B.	41	33.414	22.024	0.603	NS
L.W.B.	42	36.166	18.969		

Again, there is no significant difference in negative stressful events in high, moderate and low well-being groups.

On the basis of the above three tables which report the position of the subjects in terms of total number of stressful life events, total number of positive stressful events and total number of negative stressful events, we can conclude that sense of well-being was not influenced by the amount of stress to which the individual is exposed.

We go on to probe the matter in terms of finding out if source of stress plays a role in determining sense of well-being. therefore our next research question deals with whether individuals experiencing high sense of well-being differ from those experiencing low sense of well-being in terms of sources of stress? Results can be seen in table 4.

Table 4
Sources of stress amongst subjects experiencing H.W.B. and L.W.B.

S. No.	Sources of Stress	Groups		Significance of difference between the two percentage	Level of Significance
		H.W.B. N = 44 %	L.W.B. N = 42 %		
1	Bereavement	20.45	23.80	0.381	NS
2	Interpersonal relations	13.63	14.28	0.087	NS
3	Health related issues	13.63	4.76	1.44	NS
4	Social injustice	4.54	4.76	0.048	NS
5	Profession/occupation	25.00	23.80	0.130	NS
6	Law and order	4.54	2.38	0.549	NS
7	Academic	11.36	19.04	1.011	NS
8	Negative feelings	4.54	7.14	0.518	NS
9	No Stress	2.27	0	0.991	NS

Although different percentages of the sources of stress have been reported in the table 4, there is no significant difference in the sources of stress among the individuals experiencing H.W.B. and L.W.B. It may, however be observed that occupational stresses and bereavement are perceived maximum number of times as source of stress, law and order is the least experienced source of stress for both the groups. Only 2.27% have reported no stress, and all belong to the HWB group.

Do the individuals experiencing high sense of well-being differ from those experiencing moderate sense of well-being on source of stress is our next question? Results are reported in table 5.

Table 5

Sources of stress amongst subjects experiencing H.W.B. and M.W.B.

S. No.	Sources of Stress	Groups		Significance of difference between the two percentage	Level of Significance
		H.W.B. N = 44 %	M.W.B. N = 41 %		
1	Bereavement	20.45	34.14	1.42	NS
2	Interpersonal relations	13.63	7.31	0.94	NS
3	Health related issues	13.63	9.75	0.55	NS
4	Social injustice	4.54	12.19	1.28	NS
5	Profession/occupation	25.00	4.87	2.58	P>0.02
6	Law and order	4.54	9.75	0.76	NS
7	Academic	11.36	12.19	0.11	NS
8	Negative feelings	4.54	9.75	0.76	NS
9	No Stress	2.27	0	0.97	NS

The results show that the H.W.B. group differs from M.W.B. group on occupation as a source of stress ($P>0.02$). Occupational stress is the least important source of stress (4.87%) for M.W.B. group, where as it is the most important source of stress for H.W.B. (25%). M.W.B. experiencing individuals see bereavement (34.14%) as the major source of stress, for high well-being group also it is fairly important, being next only to occupation as a source of stress.

Do individuals experiencing low sense of well being differ from those experiencing moderate sense of well being on sources of stress is our next query? Results are given below.

Table 6

Sources of stress amongst subjects experiencing L.W.B. and M.W.B.

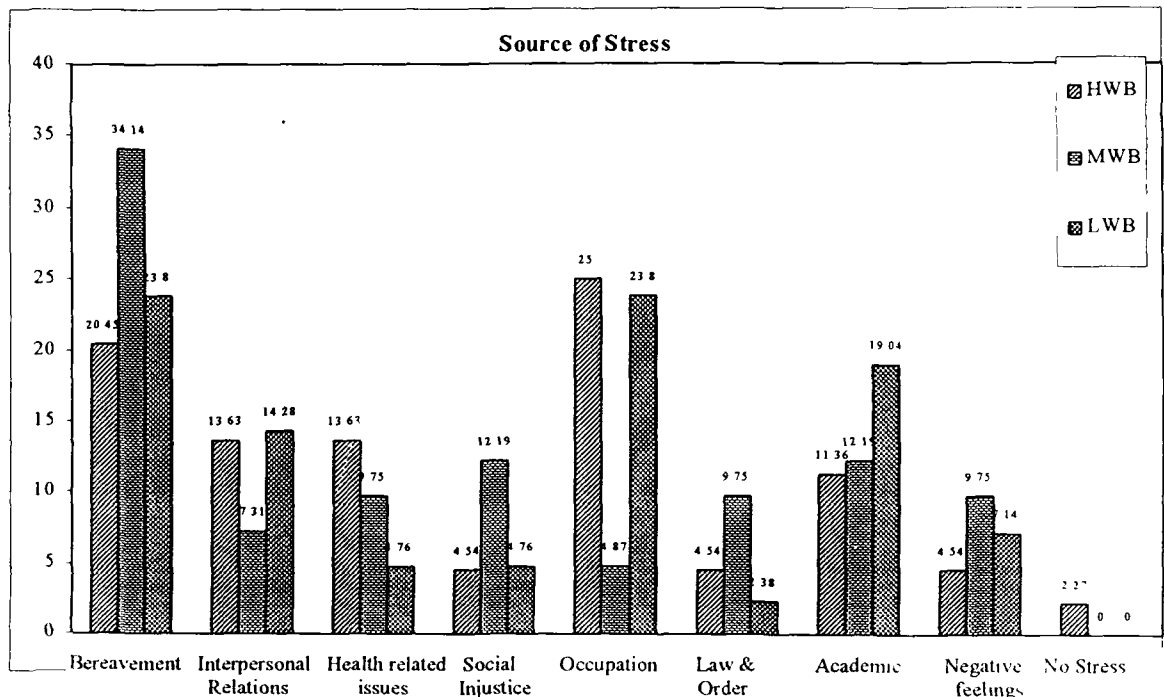
S. No.	Sources of Stress	Groups		Significance of difference between the two percentage	Level of Significance
		M.W.B. N = 41 %	L.W.B. N = 42 %		
1	Bereavement	34.14	23.80	1.041	NS
2	Interpersonal relations	7.31	14.28	1.025	NS
3	Health related issues	9.75	4.76	0.880	NS
4	Social injustice	12.19	4.76	1.222	NS
5	Profession/occupation	4.87	23.80	2.45	$P>0.05$
6	Law and order	9.75	2.38	1.414	NS
7	Academic	12.19	19.04	0.860	NS
8	Negative feelings	9.75	7.14	0.429	NS
9	No Stress	0	0	0	NS

A significant difference on occupational stress ($P>0.05$) is again seen. The M.W.B. and L.W.B. groups differ on this as source of stress. For L.W.B. group, law and order related problems is least frequent (2.38%) whereas bereavement (23.80%) and occupational (23.80%) stress are seen as the major sources of stress. For M.W.B. group bereavement (34.14%) is the major source of stress, but occupational stress (4.81%) is a less frequently experienced source. It is interesting to note that for subjects experiencing MWB it is the least important source of stress, for those experiencing LWB and also HWB (see table 4) it is an important source of stress.

In order to have a clear picture of the sources of stress among high, moderate, and low well-being groups, a graphic representation of the above three tables, that is 4, 5, and 6 is presented below.

Figure – 1

Sources of stress reported by high, moderate and low well-being groups.



The graph projects that 'bereavement', followed by 'occupational' stress, are the highest sources of stress in the total sample. H.W.B. and L.W.B. individuals have almost similar stress experience related to, 'interpersonal relations', 'social injustice' and 'occupation'. Further more they differ slightly on experiencing, 'bereavement', 'law and order' and 'negative feelings' as their sources of stress. Moderate well-being groups have presented themselves differently than the H.W.B. and L.W.B. groups in all sources of stress reported in the graph.

In the following table, results with regard to question if individuals experiencing high sense of well-being differ from those experiencing low sense of well-being on perception of stress impact are being given.

Table 7

Impact of stress amongst subjects experiencing H.W.B. and L.W.B.

S. No.	Impact of Stress	Groups		Significance of difference between the two percentage	Level of Significance
		H.W.B. N = 44 %	L.W.B. N = 42 %		
1	Feeling of enrichment	20.45	14.28	0.758	NS
2	Opportunity for psychological growth	40.90	26.19	1.452	NS
3	Psychologically Negative impact	18.18	28.57	1.146	NS
4	Health related/ Pathological	2.27	7.14	1.065	NS
5	Becoming religious	0	7.14	1.816	> 0.10
6	Poor academic performance	0	4.76	1.478	NS
7	No specific impact	18.18	11.90	0.817	NS

The only significant difference present in the table between H.W.B. and L.W.B. experiencing persons is on religiosity ($P > 0.10$) L.W.B. individuals

have developed religiosity (7.14%) where as no such impact has been reported by H.W.B. persons. Most of the H.W.B. individuals describe the impact of their stress experiences in a positive manner. They find these experiences as an ‘opportunity for psychological growth’ (40.90%) in contrast L.W.B. experiencing persons highest perceived impact of their stress is psychological negative (28.57%) on their lives. Stress has little ‘pathological consequences’ (2.27%) for H.W.B. group, where as stress resulted in poor academic performance for L.W.B. group. 18.18% among H.W.B. group and 11.90% among L.W.B. group has not reported any specific impact.

Our next question is regarding H.W.B. and M.W.B. groups, in terms of how they differ in their perception of stress impact? Results are reported in Table 8.

Table 8
Impact of stress amongst subjects experiencing H.W.B. and M.W.B.

S. No.	Impact of Stress	Groups		Significance of difference between the two percentage	Level of Significance
		H.W.B. N = 44 %	M.W.B. N = 41 %		
1	Feeling of enrichment	20.45	17.07	0.399	NS
2	Opportunity for psychological growth	40.90	21.95	1.878	> 0.10
3	Psychologically Negative impact	18.18	31.70	1.447	NS
4	Health related/ Pathological	2.27	9.75	1.469	NS
5	Becoming religious	0	7.31	1.832	> 0.10
6	Poor academic performance	0	7.31	1.832	> 0.10
7	No specific impact	18.18	4.47	1.906	> 0.10

H.W.B. group shows a significantly higher level of impact of stress in the area of 'psychological growth' ($P>0.10$). H.W.B. group is not affected by stress in a manner which results in becoming religious. This does not exclude the fact of their being religious, but religiosity is not the result of stress. Academic performance in H.W.B. group is also not affected adversely. The highest perceived impact for the H.W.B. group is an 'opportunity for psychological growth' (40.90%) whereas for M.W.B. having 'psychologically negative consequence', such as enhanced feelings of helplessness, negative emotion.

Our next question is whether individuals experiencing moderate sense of well-being differ from those experiencing low sense of well-being on perception of impact? Results are reported below.

Table 9

Impact of stress amongst subjects experiencing M.W.B. and L.W.B.

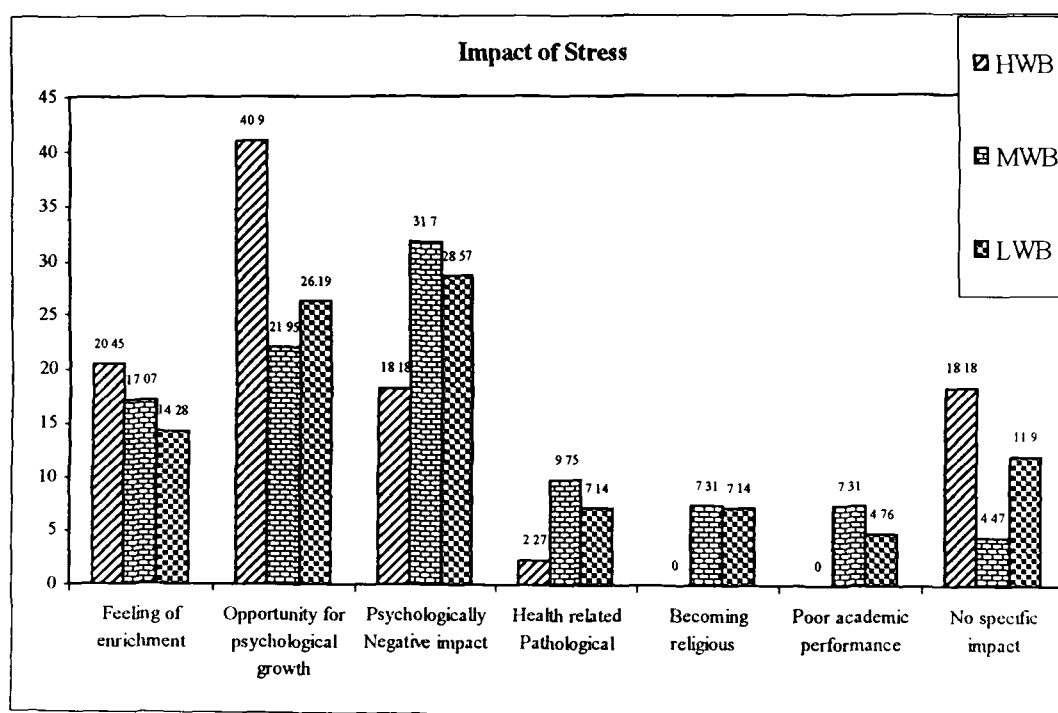
S. No.	Impact of Stress	Groups		Significance of difference between the two percentage	Level of Significance
		M.W.B. N = 41 %	L.W.B. N = 42 %		
1	Feeling of enrichment	17.07	14.28	0.350	NS
2	Opportunity for psychological growth	21.95	26.19	0.452	NS
3	Psychologically Negative impact	31.70	28.57	0.312	NS
4	Health related/ Pathological	9.75	7.14	0.429	NS
5	Becoming religious	7.31	7.14	0.029	NS
6	Poor academic performance	7.31	4.76	0.490	NS
7	No specific impact	4.47	11.90	1.156	NS

No significant difference with respect to the impact of stress between M.W.B. and L.W.B. group is found. Highest perceived stress for both M.W.B. (31.70%) and L.W.B. (28.57%) is in terms of 'psychologically negative consequences' and 'opportunity for psychological growth'. Similarly the least impact for both the groups (M.W.B. 7.31% and L.W.B. 4.467%) is in the form of 'poor academic performance'. Almost similar impact is reported in the form of religiosity by both the groups.

For a clear observation of the impact of stress on the various well-being groups, graphic representation of the above three tables is given below.

Figure – 2

Perceived impact of stress amongst various well-being groups



The graph indicates that a large section of the sample more particularly the H.W.B. group have reported 'opportunity for

psychological growth' as an important impact. An equally important impact was 'psychologically negative' impact, but this was true for moderate and low well-being groups. Stress has no impact on 'academic performance' and 'religious beliefs' of H.W.B. individuals and even for other groups the impact is very little.

Do individuals experiencing high sense of well-being differ from those experiencing low sense of well-being on coping strategies is our next question. The results are reported below.

Table 10

Coping strategies used by subjects experiencing H.W.B. and L.W.B.

S. No.	Coping strategies	Groups		Significance of difference between the two percentage	Level of Significance
		H.W.B. N = 44 %	L.W.B. N = 42 %		
1	Sublimation	15.90	19.09	0.391	NS
2	Accepting & Compromising	15.90	9.52	0.891	NS
3	Spiritualism	13.63	9.52	0.598	NS
4	Comforting/facing by strengthening the self	18.18	16.66	0.186	NS
5	Problem solving	20.45	28.57	0.881	NS
6	Getting social support	9.09	9.52	0.069	NS
8	Helplessness/giving up	2.27	4.76	0.633	NS
9	No specific coping	4.54	2.38	0.54	NS

It is observed from the above data that there is no significant difference in the use of coping strategies among H.W.B. and L.W.B. experiencing groups. However 'problem solving' is the frequently used coping strategy by both the

groups. Both the groups make minimum use of ‘helplessness’ or ‘giving up’ as their coping strategy.

The next question is with regard to whether individuals experiencing high sense of well-being differ from those experiencing moderate sense of well-being on coping strategies? Results are reported below.

Table 11

Coping strategies used by subjects experiencing H.W.B. and M.W.B.

S. No.	Coping strategies	Groups		Significance of difference between the two percentage	Level of Significance
		H.W.B. N = 44 %	M.W.B. N = 41 %		
1	Sublimation	15.90	4.87	1.79	> 0.10
2	Accepting	15.90	17.07	0.145	NS
3	Spiritualism	13.63	26.82	1.521	NS
4	Comforting/facing by strengthening the self.	18.18	17.07	0.134	NS
5	Problem solving	20.45	12.19	1.028	NS
6	Getting social support	9.09	4.87	0.761	NS
8	Helplessness/giving up	2.27	14.63	2.077	> 0.05
9	No specific coping	4.54	2.43	0.528	NS

H.W.B. and M.W.B. experiencing groups differ significantly in their use of sublimation ($P>0.10$) and helplessness ($P>0.05$) as coping strategies. H.W.B. group make more use of ‘sublimation’ as compared to L.W.B. group, where as ‘helplessness’ is reported more by L.W.B. group to a significantly greater extent than H.W.B. group. However ‘spiritualism’ in L.W.B. group (26.82%) and ‘problem solving’ in H.W.B. group (20.45%) are the highest

used coping strategies. H.W.B. group cope with helplessness in a minimum number of situations.

The next question is whether individuals experiencing moderate sense of well-being differ from those experiencing low sense of well-being on coping strategies. Following are the results.

Table 12

Coping strategies used by subjects experiencing M.W.B. and L.W.B.

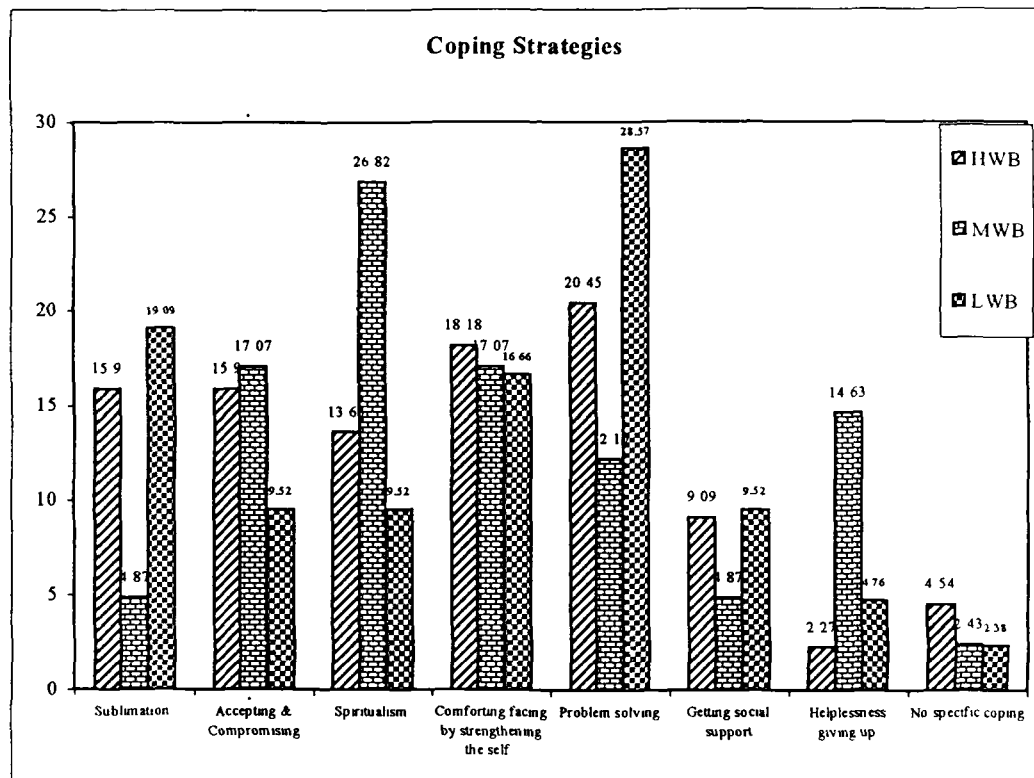
S. No.	Coping strategies	Groups		Significance of difference between the two percentage	Level of Significance
		L.W.B. N = 44 %	M.W.B. N = 41 %		
1	Sublimation	19.09	4.87	1.994	>0.05
2	Accepting	9.52	17.07	1.017	NS
3	Spiritualism	9.52	26.82	2.054	>0.05
4	Comforting/facing by strengthening the self	16.66	17.07	0.05	NS
5	Problem solving	28.57	12.19	1.855	>0.10
6	Getting social support	9.52	4.87	0.820	NS
8	Helplessness/giving up	4.76	14.63	1.527	NS
9	No specific coping	2.38	2.43	0.014	NS

Significant difference can be seen in 'sublimation' ($P>0.05$), 'spiritualism' ($P>0.05$) and 'problem solving' ($P>0.10$) among M.W.B. and L.W.B. experiencing groups. L.W.B. group make greater use of 'sublimation' and 'problem solving' compared to M.W.B. groups, whereas M.W.B. group use 'spiritualism' frequently as their coping strategy as compare to L.W.B. group.

Status of the coping strategies used by the three well-being groups as given in the above mentioned tables, is presented in a graphic form below. This enables one to get picture of overall direction at a glance.

Figure – 3

Coping strategies used by high, moderate and low well-being groups



‘Problem solving’ and ‘strengthening the self’ are the most frequently used coping strategies if we take total sample as a whole. Most of the high well-being individuals use ‘problem solving’, strengthening the self, ‘sublimation’, ‘accepting & compromising’, and ‘spiritualism’ as their coping strategies. Moderate well-being individuals use ‘helplessness’ as a coping strategy more than other well-being groups. ‘Problem solving’ followed by ‘sublimation’ and ‘strengthening the self’ are widely used coping strategies by the low

well-being individuals. 'Accepting and compromising', 'spiritualism' and 'getting social support' are equally important coping strategies for low well-being individuals.

The researcher tried to study stress in terms of where the individual places it in his/her phenomenal world. Thus our next research questions relate to the subject's self evaluation of stress. Subjects evaluated themselves on a ten point ladder scale. Thus who gave themselves a save of 1-3 were those who perceived themselves as minimum stressful, those placing themselves on and between 4-7 were perceiving themselves as moderately stressed and those on and between 8-10 were in maximum stress category.

Do individuals experiencing high well-being differ from those experiencing low well-being in their self evaluation of stress is our next question. Results are reported in the table below.

Table 13

Self evaluation of stress amongst subjects experiencing H.W.B. and L.W.B.

S. No.	Perceived Stress	Groups		Significance of difference between the two percentage	Level of Significance
		H.W.B. N = 44 %	L.W.B. N = 42 %		
1	Minimum	34.090	19.049	1.585	NS
2	Moderate	52.272	42.857	0.879	NS
3	Maximum	13.636	38.095	2.616	>0.01

We see from the above table that the number of subjects in H.W.B. and L.W.B. groups who rated themselves as experiencing maximum stress differed significantly. It may be recalled that respondents who rated themselves between 8 and 10 on the ladder scale are those with maximum perceived stress. Who rated themselves between 1 – 3 are those with minimum stress. It may be

seen that there is an overall difference in the perception of stress in L.W.B. and H.W.B. individuals. Even among the H.W.B. and L.W.B. respondents perceiving minimum stress (34.09% and 19.04% respectively), difference is in the expected directions. In the H.W.B group the number of subjects perceiving low amount of stress that is minimum stress is more than two and half than number of subjects falling at maximum stress perceptions. In the L.W.B. group those experiencing maximum stress are twice than those who experience minimum stress.

The next research question is whether high well-being and moderate well-being groups differ in their self evaluation of stress? Results are presented below.

Table 14

Self evaluation of stress amongst subjects experiencing H.W.B. and M.W.B.

S. No.	Perceived Stress	Groups		Significance of difference between the two percentage	Level of Significance
		H.W.B. N = 44 %	M.W.B. N = 41 %		
1	Minimum	34.090	24.390	0.982	NS
2	Moderate	52.272	53.658	0.127	NS
3	Maximum	13.636	21.951	1.007	NS

No significant difference is found in H.W.B. and M.W.B. groups in their evaluation of perceived stress.

Is there any difference in moderate and low well-being experiencing individuals in their self-evaluation of stress is our next research question. Results can be seen in the table below.

Table 15

Self evaluation of stress amongst subjects experiencing M.W.B. and L.W.B.

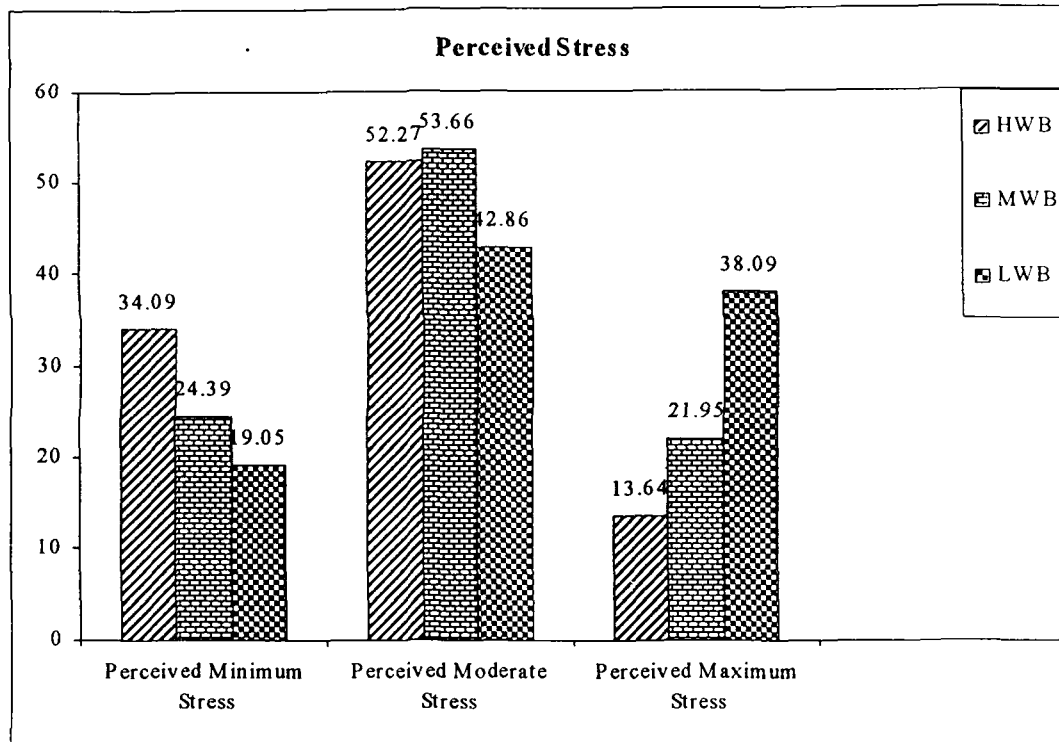
S. No.	Perceived Stress	Groups		Significance of difference between the two percentage	Level of Significance
		M.W.B. N = 41 %	L.W.B. N = 42 %		
1	Minimum	24.390	19.049	0.586	NS
2	Moderate	53.658	42.857	0.987	NS
3	Maximum	21.951	38.095	1.605	NS

Like H.W.B. and M.W.B. experiencing groups M.W.B. and L.W.B. groups do not show any significant difference in their stress perception. However 21.95% M.W.B. experiencing individuals consider life very stressful, whereas much larger 38.09% respondents among L.W.B. experiencing group perceive life as very stressful.

For the broad information about the self-evaluation of stress made by various well-being groups, the data tabulated in above three tables is presented in the graphic form below.

Figure – 4

Self-evaluation of stress amongst high, moderate and low well-being groups.



The graphs indicates that a small percentage of high well-being group perceive life very stressful, where as a much higher percentage of L.W.B. respondents, perceive life maximally stressful. It appears that L.W.B. and H.W.B. groups are at different extreme is their perception of stress. Graphs shows that the majority of the respondents see life moderately stressful.

In the same pattern, the subjects self-evaluation of successful coping was taken on a 10-point ladder scale.

Research question number 16 states do high well-being and low well-being experiencing individuals differ in the self evaluation of coping efficacy? Results are reported below.

Table 16

Self evaluation of coping efficacy amongst subjects experiencing H.W.B. and L.W.B.

S. No.	Perceived coping efficacy	Groups		Significance of difference between the two percentage	Level of Significance
		H.W.B. N = 44 %	L.W.B. N = 42 %		
1	Minimum	9.090	23.809	1.859	>0.10
2	Moderate	34.090	59.523	2.378	>0.02
3	Maximum	56.818	16.666	3.875	>0.01

H.W.B. and L.W.B. experiencing groups differ significantly on perceived coping efficacy. The H.W.B. group perceive themselves as having maximally coping methods 56.82% times, the L.W.B. perceiving themselves as maximally successful copers only 16.67% times. Further, the L.W.B. group perceives themselves as very slightly successful copers (minimum perceived coping efficacy) with much greater frequency (23.80%) than H.W.B. (9.09%). L.W.B. group place themselves as moderately successful much more frequently than H.W.B. group.

The next research question enquired into difference in H.W.B. and M.W.B. groups in their self evaluation of coping efficacy. Results are shown in table 17.

Table 17

Self evaluation of coping efficacy amongst subjects experiencing H.W.B. and M.W.B.

S. No.	Perceived coping efficacy	Groups		Significance of difference between the two percentage	Level of Significance
		H.W.B. N = 44 %	M.W.B. N = 41 %		
1	Minimum	9.090	12.195	0.465	NS
2	Moderate	34.090	68.292	3.157	>0.01
3	Maximum	56.818	19.512	3.532	>0.01

A significant difference is observed in H.W.B and M.W.B. groups at the moderate ($P>0.01$) and maximum ($P>0.01$) levels of coping efficacy. 56.82% H.W.B. respondents rate themselves at maximum successful level of coping efficacy whereas only 19.51% M.W.B. place themselves in this category. The M.W.B. group evaluates itself as having moderate coping efficacy most of the time (68.29%).

Do individuals experiencing moderate well-being differ from those experiencing low well-being in their self evaluation of coping efficacy, is our next question namely question number 18. The results are reported in the table below.

Table 18

Self evaluation of coping efficacy amongst subjects experiencing M.W.B. and L.W.B.

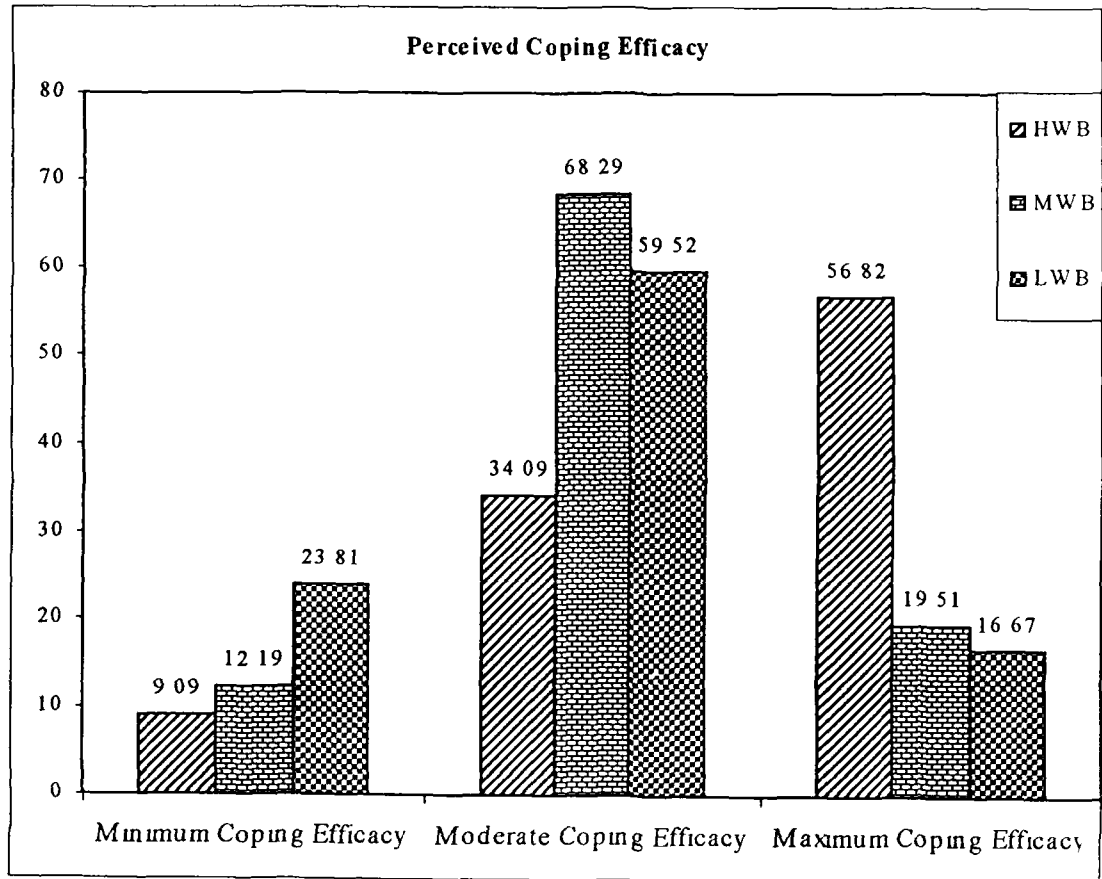
S. No.	Perceived coping efficacy	Groups		Significance of difference between the two percentage	Level of Significance
		M.W.B. N = 41 %	L.W.B. N = 42 %		
1	Minimum	12.195	23.809	1.378	NS
2	Moderate	68.292	59.523	0.833	NS
3	Maximum	19.512	16.666	0.338	NS

No significant difference is found in M.W.B. and L.W.B. groups regarding their perceived self-evaluation of coping efficacy. Most of the respondents M.W.B. (68.29%) and L.W.B. (59.52) fall within the category of moderate perceived coping efficacy.

The above three tables which report position on coping efficacy of the various well-being groups, are presented graphically below for easy reference.

Figure – 5

Self-evaluation of coping efficacy, amongst high, moderate and low well-being group



The graph indicates that high well-being individuals report the highest coping efficacy where as low and moderate well-being individuals are much lower. Most of the LWB and MWB individuals consider themselves moderately efficient in their coping. Interestingly, a very small percentage of subjects report that they are minimally successfully and this applies to all three well-being groups.

Discussion

Well-being is a universal goal of human existence and striving to achieve this goal despite adverse factors which block the path is an important human concern. Stress is an inevitable aspect of human experience and on the face of it appears to be a contributor to low well-being. Yet stress can not be visualized as a single and discreet entity, for each individual it becomes entwined and immersed within his total behavior repertoire. The individuals worldview, priorities, experiences and unique personality, all give a distinctive nature to the phenomenon. The meaning which a person gives to an experience is also a determining factor as to how the experience will be perceived. An experience many have elements of stress which if placed on a continuum of intensity may fall at very high level but on the individuals psychological and experiential continuum it may not fall on a high stress position, because the perception and meaning given to it may be entirely different. The researcher felt that perhaps the different meanings given to stress and therefore the sense of well-being which ensues may be related to (i) the sources from which stress emanates (ii) the meaning on impact which perceived by the individual and (iii) the coping strategies used by the person. It was within this broad scenario that this research was perceived.

As pointed out above one of the aims of the present research was to verify, if individuals with varying sense of well-being, had been subjected to stress emanating from different sources. In order to answer this question the researcher first investigated whether the three well-being groups differed on amounts of stressful life event experienced by them. Scores obtained on L.E S (Sarason, Johnson, and Siegal, 1978) reveal that there is no difference in the total stressful life events of the subjects belonging to high, moderate and low well-being groups. Thus subjects falling on the same point on the continuum of stress, experience different levels of well-being.

From this point, we go logically to our next question, which focuses on whether the three well-being groups differ on sources of stress. Here also we found no major difference.

In fact differences which came out were with reference to the moderate well-being group when compared with the high and low well-being groups. The low and high well-being groups both reported occupation to be a frequent Source of stress, but those with moderate well-being reported it less than five percent times. On most dimensions the higher and the lower well-being groups were more similar to each other in terms of sources, from which they experience stress.

This is an interesting situation. In our basic reasoning we had felt strongly that stress source could be a very deciding factor. We had thought that suppose a person is subjected to financial stress due to cheating or dishonesty of a close kin like a brother in contrast to cheating by a third person, like a financial agent, stress in the first incident would be more severe than in the second incident. However we did not observe this to be so. Perhaps while responding to our questions relative evaluation of experience could not be conducted by the individual. Further such extreme cases are rare and do not come out in studies where a large sample has to be taken. The results take us to our second important concern of study, namely the impact or meaning which stress has for us. The picture which emerges is that of a lot of overlap between groups on impact which stress has had for them. Although, in general a large percentage of respondents are optimistic regarding higher position on stress being opportunity for psychological growth. It may be noted that the stress experiences reported by the respondents, are those which they have gone through in their past. They were asked to report the incident which they felt was most stressful (critical incident technique); in later quarry they recalled other incidents also. Thus the time period when this experience was faced by the subject is not known to us. They may have experienced it years before, when they may have handled it in a particular way. After due course of time and exposure to new stresses and other experience, impact may have neutralized (Muier & Watkin, 1998). For some, yesterday's stress can be a

lesson for tomorrow, where as some others may see it as a breaking point in their life. It makes sense that individuals differ in their perception of the impact of the stress. However in the present study this difference in the impact of stress was not a predictor of sense well-being.

Human beings can be proactive and engaged, or alternatively, passive and alienated, largely as a function of the social-conditions in which they develop and function. The coping strategies used by the individuals were then examined as on next consideration. Here too the results were not different. All the well-being groups by and large use similar coping strategies. Healthy coping strategies are used by H.W.B., M.W.B. and also by L.W.B. groups. High well-being and low well-being groups show here also the trend, which was observed in the reporting of their sources of stress. Both are almost similar in their coping strategies. However moderate well-being and low well-being groups have some distinct patterns of coping. But still this difference is very limited.

Like stress and impact, coping too is very personal, although some times some coping patterns may have deep roots within a society or community. However, individual resources, capabilities and capacities are of great importance in confronting the challenges posed by stressful situations. These resources can be understood only after a detailed evaluation.

After examining stressful life experiences, sources of stress, impact of these stresses and coping strategies amongst the respondents of three well-being groups, we are led to conclude that by and large no major difference is observed, although some trends can be seen. However, one very interesting aspect has emerged. Information relating to subject's self-evaluation on two dimensions revealed a marked difference between the three well-being groups.

In the over all self-evaluation of their perception of stress done through a ten point ladder scale, and in evaluating the efficacy of coping strategy which has again been done through ladder scale, the well-being groups differ in the expected direction.

If we look at a glance on the results of present work, we observe that high well-being and low well-being experiencing groups differ significantly on their self-evaluation of stress experiences. That is lesser number of respondents among high well-being group and large number of respondents low well-being group reported life as very stressful. These results indicate that sense of well-being is highly influenced by how much the individual perceives his life as stressful. Folkman and Moskowitz (2000), argued that there is growing interest in positive aspects of the stress process, including positive out come of stress and antecedents that dispose individual to appraise stressful situations more as a challenge than as a threat. High well-being group do not appraise life as stressful, so they are enjoying a high sense of well-being. Low well-being

experiencing individuals evaluate life as very stressful, which influences their sense of well-being negatively.

Moderate well-being group is really a middle group in terms of evaluated stress, keeping equal distance from high well-being and low well-being groups. Thus no significant difference is found between high well-being and moderate well-being, or moderate well-being and low well-being groups regarding their self-evaluation of stress. The results indicate that lesser the stress perceived the higher is the well-being, higher the stress is perceived lower is the well-being, and when it is moderately perceived, sense of well-being also will be moderate.

Although perceived stress provides grounds for its relation with sense of well-being, data regarding perceived coping efficacy indicates that perceived coping efficacy has predictable association with sense of well-being. On seeing the results we find that H.W.B. group differs significantly from L.W.B. group. Among H.W.B. group 56.81% respondents rate themselves maximally efficient in their coping capabilities where as only 16.66% in L.W.B. find that their coping efficacy is good. High well-being individuals show out look and sense of coherence (Adins; Bezner and others, 2000). Optimistic outlook and sense of coherence (Adams; Bezner and others, 2000). Optimistic individuals expect that he or she can do things, that make bad events less likely. This expectation

translates into active coping, which in turn may be beneficial for sense of well-being.

Maximum stress is perceived by a significantly larger number of low well-being (38.09%) as compared to high well-being subjects (13.63%), the number being just about one third of the number of low well-being group experiencing maximum stress. Although with regard to experiencing minimum stress the same trend is there, namely minimum stress is perceived by a greater number of high well-being than low well-being individuals. But the value is not statistically significant. In perception of coping efficacy the high well-being group is significantly higher in evaluating itself as successful when compared to low well-being group. The same direction is seen in the moderate and high well-being groups in their perception of coping.

We are thus struck by the fact, that where as no relation between well-being and stress, studied in terms of certain identified aspects was found, a clear link between sense of well-being and the individuals perception of stress and coping as evaluated by himself, was seen. A holistic appraisal of the phenomena in terms of where the individual place himself according to his own judgement appears to be a key feature. Thus mere quantum of stress, sources of stress, impact and coping by themselves indicate a trend and direction, but something seems to be missing. That something is perhaps the individual judgement of phenomena on his own priorities and world view.

Well-being is thus a complex phenomena and cannot be thought of in terms of just stress and related concepts.

The researcher became curious when these results were observed. The information provided by ten highest scorers on well-being and ten lowest of well-being was rescanned. One factor which seems to throw light on the dynamics of well-being was observed and this was the presence of indication by the subject that happy events in his or her life were also present. Where as in items of positive stress scores of L.E.S. no difference existed but in subjects nothings at some point, statements such as 'pleasant childhood memories' 'lots of happy experiences' were discerned. In nine out of ten high well-being subjects this was observed where as in none of the low well-being subjects, such happy experience were mentioned. Perhaps argument of Folkman & Moskowitz (2000) has relevance in this matter. They state that antecedents that dispose individuals to appraise stressful situation more as challenge than a threat, thus laying emphasis on positive aspects of the stress process is a more important matter. The importance of the individuals perception have been found relevant in various spheres of well-being physical fitness was reliably associated with coping (Plante; Lecaptain & Mclain (2000), and positive emotional state many promote healthy perceptions, beliefs and physical well-being (Solovey; Rothman; Detweiler & Steward, 2000).

If we look at our findings in terms of what broad theoretical picture they present, we find that the humanistic paradigm is more explanatory than any other framework. The individual's own perception, meanings, his appraisal of his position within the phenomenological world is of primary importance. Phenomena as well as consequences of phenomena have relevance in terms of the person's appraisal and the quality of appraisal determines how the person has experienced the event.

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Appendices

Appendix - 1

One of the most important sources of information for the psychologist is the experiences which individuals undergo. I request you to help me in my work by sparing your valuable time to answer some questions given below. All responses will be kept confidential. I thank you for your co-operation.

Self Anchoring Ladder Scale

In the following questions you are requested to evaluate yourself on a '1' to '10' scale. One indicates the minimum and 10 indicates the maximum level. Tick (✓) the number which you find appropriate to represent your thoughts about stress.

Q.1. In your opinion your life is to what extent stressful.

1	2	3	4	5	6	7	8	9	10
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Q.2. To what extent do you feel that you have coped with stressful situations successfully.

1	2	3	4	5	6	7	8	9	10
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Appendix - 2

Assessment of Stress Source, Impact and Coping Style:

1. If you are asked to look into your life and record the experiences that have disturbed and distressed you most, which experiences would come immediately to your mind as the most powerful stresses in your life? Please write about it in details.
2. Is there any other notable experience sad or happy that you would like to record?
3. These experience must have affected you very strongly and probably influenced you in some lasting way. What do you think has been the impact of these experiences on you?
4. As an intelligent person you must have tried to handle distressing situation in the best possible manner. What did you do to reduce the stress and come out of the crises?

Appendix - 3

LIFE EXPERIENCE SURVEY (LES)

Listed below are a number of events which sometimes bring about change in the lives of those who experience them and which necessitate social readjustment. Please check only those events which you have experienced in the recent past. Be sure that all check marks are directly across from the items they correspond to.

Also, for each item check below, please indicate the extent to which you viewed the event as having either a pleasant or unpleasant impact on your life at the time the event occurred. That is, indicate the type and extent of impact that the event had. A rating of -3 would indicate an extremely unpleasant impact. A rating of '0' suggests no impact either pleasant or unpleasant. A rating of $+3$ would indicate an extremely pleasant impact.

S. No	Item	Extremely unpleasant	Moderately unpleasant	Somewhat unpleasant	No impact	Slightly pleasant	Moderately pleasant	Somewhat pleasant
		1	2	3	4	5	6	7
1	Marriage	-3	-2	-1	0	1	2	3
2	Detention in jail or comparable institution	-3	-2	-1	0	1	2	3
3	Death of spouse	-3	-2	-1	0	1	2	3
4	Major change in sleeping habits (much more or much less sleep)	-3	-2	-1	0	1	2	3
5	Death of close family Members:							
	a. mother	-3	-2	-1	0	1	2	3
	b. father	-3	-2	-1	0	1	2	3
	c. brother	-3	-2	-1	0	1	2	3
	d. sister	-3	-2	-1	0	1	2	3
	e. grandmother	-3	-2	-1	0	1	2	3
	f. grandfather	-3	-2	-1	0	1	2	3
	g. other (specify)	-3	-2	-1	0	1	2	3
6	Major change in eating habits (much more much less food intake)	-3	-2	-1	0	1	2	3
7	Foreclosure on mortgage or loan	-3	-2	-1	0	1	2	3
8	Death of close friend	-3	-2	-1	0	1	2	3
9	Outstanding personal achievement	-3	-2	-1	0	1	2	3
10	Minor law violation (traffic tickets, disturbing peace etc.)	-3	-2	-1	0	1	2	3
11	Male: wife/girl friend's pregnancy	-3	-2	-1	0	1	2	3
12	Female pregnancy	-3	-2	-1	0	1	2	3

13	Changed work situation (different work responsibilities major change in working conditions, working hours etc.)	-3	-2	-1	0	1	2	3
14	New Job	-3	-2	-1	0	1	2	3
15	Serious illness or injury of close family members							
	a. father	-3	-2	-1	0	1	2	3
	b. mother	-3	-2	-1	0	1	2	3
	c. sister	-3	-2	-1	0	1	2	3
	d. brother	-3	-2	-1	0	1	2	3
	e. grandfather	-3	-2	-1	0	1	2	3
	f. grandmother	-3	-2	-1	0	1	2	3
	g. spouse	-3	-2	-1	0	1	2	3
	h. other (specify)	-3	-2	-1	0	1	2	3
16	Sexual difficulties	-3	-2	-1	0	1	2	3
17	Trouble with employer (in danger of losing job, being suspended demoted, etc.)	-3	-2	-1	0	1	2	3
18	Trouble with in-law	-3	-2	-1	0	1	2	3
19	Major change in financial status (lot of better-off or lot worse-off)	-3	-2	-1	0	1	2	3
20	Major change in closeness of family members (increased or decreased closeness)	-3	-2	-1	0	1	2	3
21	Gaining a new family member (through birth adoption, family member moving in etc.)	-3	-2	-1	0	1	2	3
22	Change of residence	-3	-2	-1	0	1	2	3

23	Marital separation from mate (due to conflict)	-3	-2	-1	0	1	2	3
24	Major change in church, mosque, temple activities (increased or decreased attendance)	-3	-2	-1	0	1	2	3
25	Marital reconciliation with mate	-3	-2	-1	0	1	2	3
26	Minor change in number of arguments with spouse (a lot more or a lot less arguments)	-3	-2	-1	0	1	2	3
27	Married Male: Change in wife's work outside the home (beginning work, closing work, changing to a new job etc.)	-3	-2	-1	0	1	2	3
28	Married Female: Change in husband's work (loss of job, beginning new job, retirement, etc.)	-3	-2	-1	0	1	2	3
29	Major change in usual type and/ or amount of recreation	-3	-2	-1	0	1	2	3
30	Borrowing more than \$10,000 (buying home business etc.)	-3	-2	-1	0	1	2	3
31	Borrowing less than \$10,000 (buying car. TV, getting school loan, etc.)	-3	-2	-1	0	1	2	3
32	Being Fired from job	-3	-2	-1	0	1	2	3
33	Male: wife/girl friend having abortion	-3	-2	-1	0	1	2	3
34	Female: having abortion	-3	-2	-1	0	1	2	3
35	Major personal illness	-3	-2	-1	0	1	2	3
36	Major change in social activities e.g. parties movies, visiting (increased or decreased participation)	-3	-2	-1	0	1	2	3

37	Major change in living conditions of family (building new home, remodelling, deterioration of home neighborhood etc)	-3	-2	-1	0	1	2	3
38	Divorce	-3	-2	-1	0	1	2	3
39	Serious illness or injury or illness of close friend	-3	-2	-1	0	1	2	3
40	Retirement from work	-3	-2	-1	0	1	2	3
41	Son or daughter leaving home (due to marriage, college etc)	-3	-2	-1	0	1	2	3
42	Ending of formal schooling	-3	-2	-1	0	1	2	3
43	Separation from spouse (due to work, travel etc)	-3	-2	-1	0	1	2	3
44	Engagement	-3	-2	-1	0	1	2	3
45	Breaking up with boy friend/girl friend	-3	-2	-1	0	1	2	3
46	Leaving home for the first time	-3	-2	-1	0	1	2	3
47	Reconciliation with boy friend/girl friend	-3	-2	-1	0	1	2	3
48	other recent experience	-3	-2	-1	0	1	2	3
49	which have had an impact	-3	-2	-1	0	1	2	3
50	on your life list and rate	-3	-2	-1	0	1	2	3

Section 2: Student only

51	Beginning a new school experience at a higher academic level (college graduate school, professional school etc)	-3	-2	-1	0	1	2	3
52	Changing to a new school at same academic level (undergraduate, graduate etc)	-3	-2	-1	0	1	2	3
53	Academic probation	-3	-2	-1	0	1	2	3

54	Being dismissed from dormitory or other residence	-3	-2	-1	0	1	2	3
55	Failing an important exam	-3	-2	-1	0	1	2	3
56	Changing a major	-3	-2	-1	0	1	2	3
57	Failing a course	-3	-2	-1	0	1	2	3
58	Dropping a course	-3	-2	-1	0	1	2	3
59	Joining a Fraternity/sorority	-3	-2	-1	0	1	2	3
60	Financial problems concerning school (in danger of not having sufficient money to continue)	-3	-2	-1	0	1	2	3

Appendix - 4

PWB QUESTIONNAIRE:

Given below are a number of questions regarding health, well-being, attitudes and interest. We request you to answer them by encircling yes if the answer is true or mostly true of you and no if the answer is false or mostly false. There are no right or wrong answers. All the information given by you will be kept confidential. Please cooperate with us and answer frankly.

THANK YOU

- | | | | |
|----|---|-----|----|
| 1 | On the whole I would say my health is good | Yes | No |
| 2 | Compared to others of my age and background I am better of. | Yes | No |
| 3 | In the past I have received much support/ when I really needed it. | Yes | No |
| 4 | My life often seems empty. | Yes | No |
| 5 | I have recently been getting a feeling of tightness or pressure in my head. | Yes | No |
| 6 | I feel worthless at times. | Yes | No |
| 7 | I have felt pleased about having accomplished something. | Yes | No |
| 8 | I have recently felt capable of making decisions about things. | Yes | No |
| 9 | Life is better now that I had expected it to be. | Yes | No |
| 10 | I have recently thought of the possibility that I may kill myself. | Yes | No |
| 11 | In my case, getting what I want does not depend on luck. | Yes | No |
| 12 | I have recently been getting edgy and bad tempered. | Yes | No |

13	I have recently felt that on the whole I am doing things well.	Yes	No
14	I have recently been feeling in need of a good tonic.	Yes	No
15	I feel all alone in the world.	Yes	No
16	I have recently been getting pains in my head.	Yes	No
17	I feel I am a person of worth, at least equal to others.	Yes	No
18	I have felt proud because someone complimented me on some achievement.	Yes	No
19	I have recently been able to enjoy my normal day to day activities.	Yes	No
20	These are the best years of my life.	Yes	No
21	I have recently found that the idea of taking my own life kept coming to my head.	Yes	No
22	What happens to me depend on me alone.	Yes	No
23	I am happy/ satisfied with the support I have received.	Yes	No
24	I have recently felt constantly under strain.	Yes	No
25	I have recently felt perfectly well and in good health.	Yes	No
26	I have recently been satisfied with the way, have carried out my task.	Yes	No
27	(In case married), considering everything I would say, in marriage, I am satisfied.	Yes	No
28	On the whole, I would say that my life is satisfactory at present.	Yes	No

BIO-DATA

Name:	Age:	Sex:
Qualification:	Occupation:	
Residence:	Rural / Urban	
Number of Family Members:	Monthly Income:	
Educational Status of Parents:	Father:	Mother: